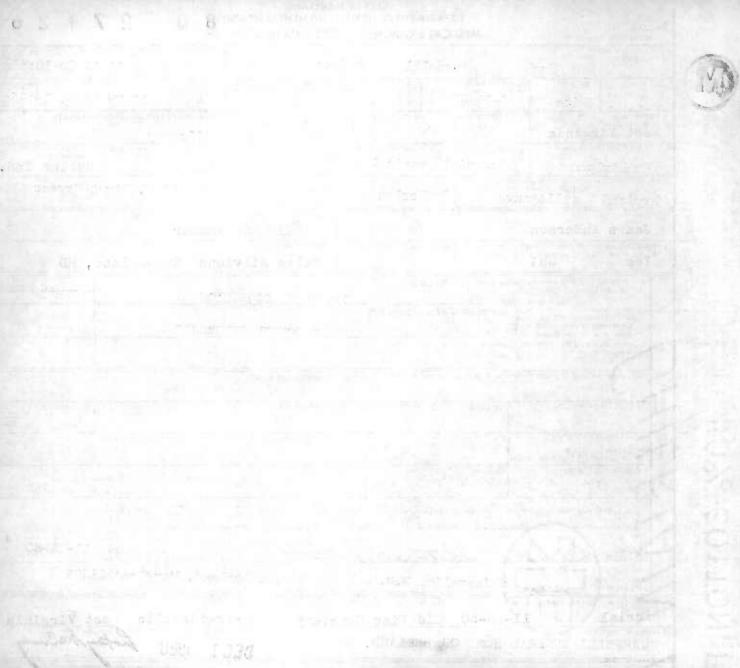
STATE OF MARYLAND



7b. CITIZEN OF WHAT COUNTRY? W Va USA NEVER MARRIED NEVER MARRIED NEVER MARRIED Allegany NEVER MARRIED ALTIMORE CITY OR COUNTRY? WIDOWED DIVORCED Allegany	V. 29, 19 80 A M
Mary I. Baker 3. SEX 1. RACE 5. DATE OF BIRTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD NOV. 3. SEX 1. RACE 5. DATE OF BIRTH DAY YEAR 1. LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD NOV. 4. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARRIED DEAD NOV. 4. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD NOV. 4. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARRIED DAYS HOURS MIN PRONOUNCED DEAD NOV. 4. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD NOV. 4. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MONTHS DAYS HOURS MIN DEAD NOV. 4. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MONTHS DAYS HOURS MIN DEAD NOV. 5. BALTIMORE CITY OR COUNTRY ARRIED DAYS HOURS MIN DEAD NOV. 5. BALTIMORE CITY OR COUNTRY ARRIED DAYS HOURS MIN DEAD NOV. 5. BALTIMORE CITY OR COUNTRY ARRIED DAYS HOURS MIN DEAD NOV. 6. AGE (INVEARS IF UNDER 1 YR. IF UNDER 24 HRS.) 7. DATE MONTHS DAYS HOURS MIN DEAD NOV. 6. BIRTHPLACE (STATE OR FOREIGN COUNTRY) NOV. 7. BALTIMORE CITY OR COUNTRY ARRIED DAYS HOURS MIN DAYS HO	V. 29, 19 80 A M
Mary 1. Baker DEATH MATED LIVE 3. SEX 1. RACE 3. SEX 1. RACE 3. SEX 1. RACE 3. DATE OF BIRTH MANTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD NOV. Sept23, 1917 63 YRS. 3. SEX 1. RACE 3. SEX 1. RACE 3. DATE OF BIRTH DAY YEAR ON NONTHS DAYS HOURS MIN PRONOUNCED DEAD NOV. 3. SEX 3. SEX 1. RACE 3. SEX 1. RACE 3. SEX 1. RACE 3. DATE OF BIRTH DAY YEAR ON NONTHS DAYS HOURS MIN PRONOUNCED DEAD NOV. 3. SEX 4. RACE 5. DATE OF BIRTH MATED LIVE MONTHS DAYS HOURS MIN PRONOUNCED DEAD NOV. 3. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 7. B. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED Allegany WIDOWED DIVORCED Allegany	29, 1980 Å M
Female White Sept23, 1917 63 YRS. Sept23, 1917 63 YRS. Birthplace (shale or Foreion country) W Va USA Sept23, 1917 63 YRS. MARRIED NEVER MARRIED Widowed Divorced Allegany	29, 1980 A M
Female White Sept23, 1917 63 yrs. DEAD NOV. 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) WIDOWED DIVORCED Allegany 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WO	OUNTY OF DEATH
MARRIED NEVER MARRIED WIDOWED DIVORCED Allegany 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WO	
W Va IISA WIDOWED DIVORCED Allegany 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WO	
III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 1728. USUAL OCCUPATION (TYPE OF WO	
10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE)	OR INDUSTRY OWN HOME
SUBJUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
136. COUNTY 136. CITY OR TOWN 136. INSIDE (ITY LIMITS? 136. STREET ADDRESS NOX Rt. # 4, Box	287
F A WIN MINER STAME	LAST
FIRST MIDDLE LAST FIRST MIDDLE V. Park Virgie	Shumann
Albert V. Park Virgle O 2 4 6 7 166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
Albert V. Park Virgie O W W A CONTROL OF THE WAS DECEASED EVER IN U.S. ARMED FORCES? I MO W A CONTROL OF THE WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	rland, MD
No 214-07-2243 Albert H. Baker, Cumber 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY:	SUDDEN
Q ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	
TO IMMEDIATE CAUSE (a) CORONARY OCCLUSION OUT TO THE TOTAL STATE OF T	
Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. Coronary SCLEROSIS DUE TO, OR AS A CONSEQUENCE OF	
a 22 4 2	
196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED 216. INJURY OCCURRED 216. INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	20. AUTOPSY?
196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET CITY OR TOWN	YES NO NO
216. EXTERNAL CAUSE WAS 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR 217. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 O	
UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	
The External Cause of Injury in Item 18 PART TO UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART TO UNDERLYING CAUSE OF DEATH P.M. 19 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART TO UNDERLYING CAUSE OF INJURY IN ITEM 18 PART TO UNDERLYING CAUSE OF INJURY IN ITEM 18 PART TO UNDERLYING CAUSE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART TO UNDERLYING CAUSE OF INJURY IN IT	
216. INJURY OCCURRED WHILE AT WORK AT WORK 216. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) 216. PLACE OF INJURY (AT HOME. STREET CITY OR TOWN 216. DO WHILE AT WORK 216. PLACE OF INJURY (AT HOME. STREET) CITY OR TOWN	COUNTY STATE
AT WORK AT WORK AT W	
22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection Inquiry , and in my death resulted from: Natural causes XXX secident , Suicide , Hamicide , Undetermined manner ,	ny apinian
A Solicide Sol	1980
ACTUAL SIGNATURE	ATE Nov. 29.
ATT ATT WEDICAL EXAMINER SIC	GNED
EXAMINER'S NAME BENEDICT SKITARELIC, M. DADDRESS RT. # 9, CUMBERLAND,	MD 21502
2 3 BURIAL CREMATION REMOVAL 12th DATE 12th NAME OF CEMETERY OF CREMATORY 12th LOCATION	
BP Burial Dec.1.1980 Sunset Memorial P. Cumberland Al	legany MD
24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. DATE REC'D. BY REGISTRAR 250.	5 MGNATURE
(VR AIS ME (5)) William G. Kight Cumberland, MD DEC 5 1980	Helrudy

CHIEF S PARTY STATE THE REPORT OF THE PROPERTY OF The state of the s

	STATE OF MARY
FOR	DEPARTMENT OF HEALTH AND
- STATE	CERTIFICATE OF

STATE OF MARYLAND	63	0	e's	-1	4	
ARTMENT OF HEALTH AND MENTAL HYGIENE	Ö	U	2	/		lan
CERTIFICATE OF DEATH						

8

e	١.	STATE REGISTRAR		CERTIF	CATE OF DEATH	REG. N	10.		
H		CEASED NAME FIRST OR PRINT} FRA	NCIS J. BEAL	t/	AST	NOVEMBER	MONTH	1980	26 HOUR
	0.000			I DATE O	FOIDTH	6 AGE (IN YEARS LAST BIR		I JOU	9:25AM
	3 SE)	Male	White	Jan.		62	YRS.	MONTHS DAYS	HOURS MIN.
_		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	V	9 BALTIMORE CITY		Y OF DEATH	
1	CC	Maryland Maryland	IT C A	WIDOWE	NEVER MARRIED DIVORCED D	Allegar	222		MT
-	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME O	R OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND C	ADS STAISHALD
0		MBERLAND, MD	MEMOR TALE		ITAL	Retire		(III) IIIOOSIKI	structi
3	13a. S	W. Va. Min		N	YES NO	86 D St	. Key	ser, V	Wa.
9	14 FA	Thomas	Beal LAST		orace	WIDDLE		Spriggs	5
3	16a W (Y	VAS DECEASED EVER IN U.S. ARI VES, NO OR UNKNOWN) (IF YES, GIVE YES WOT	WAR OR DATES) 1 217 07	6546	Louise Be	eal 86 D		eyser,	W.Va.
	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO (d) 196 CONDITION FOR WHICH	ENCE OF	flatoreal de	1	20b. IF Y	IVEN IN PART 1	NGS USED
9		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA			216. HOW INJURY OCCURR	YES NO X		YES	NO [
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	19 FARM, ETC.)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
			tol) attended the deceased from		. 19 dd that in (my) (aur) opinion of DEGREE ATTENDING PHYSICIAN	, to	AFF	our and from the	that (I) (we) last couses stated E SIGNED
1		DR. NAGARATN		/	1720 ADDRESS MEMOR	RIAL HOSP		MEDICA 21502	
	(:	Burial, CREMATION, REMOVAL SPECIFY Burial JUNETAL DIRECTOR NAME AZZON MI		otoma	emetery or crematory ac Mem. Garc	23d. LOCATION CITY OR TOWN	en l	county Minje	L W. Va

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.



MER 10, 1990 9:25AM	HOVE	JAJS	ERANCIS U.	
	1978 1 52	• 1 ,	3 1	
winds	III	A .		
n de de la la la la calación de la c	JA.	14308 14160	asser .anc.,a	MA 1928HAD
all the street, and		nerve	I saysandt	. 44.00
and a	90375	r-		
Levier, m.Vi.	indise real 6		11	
11.00				
OSPITAL MEDICAL BLOG.	MEMORIAL H	MAHT	TLMAS MANTAS	DR. NAG

Man F. Potreyck Meysor, M. Vo.

BP______ DHMH-16 30M 2/80 (VRA 15, 4)

	1-	FOR STATE REGISTRAR	~		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	2	7 1	2 9)
		CEASED NAME F	IRST	MI	DDLE	- 1	AS1	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	-
		FRAN	K	RONAL	D	BLAI	`	NOVEMBER 26	,1980		6:00 A	м
	3. SEX	Male	4. F	Whit	e	5. DATE C	L/1916 YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF U	HS DAYS	IF UNDER 24 HRS	-
5	C	RTHPLACE I STATE OR FORE		U.S	A.	MARRIE WIDOWE	NEVER MARRIED	9. BALTIMORE CITY OF		DEATH	м	D.
2	C	umberland		SACRE	FACILITY, GIVE STREE	T ADDRESS)	TTAL	TYPE OF REFUSE	ON I	26. KIND OI NDUSTRY	F BUSINESS OF	R
E	130. S	AL RESIDENCE (IF NURSING	APTIE	gany	MI de la		13d. INSIDE CITY LIMITS?	130. STREET BYRESS I	ane			
	14. FA	THER'S NAME FIRST	MIDE	DIE	LAST	1100	15. MOTHER'S MAIDEN NA/	WE		LASI		
0	1	John			Blair		Jane			cewar	t	
		VAS DECEASED EVER IN VES. NO OR UNKNOWN) (1	U.S. ARMED FYES, GIVE WA		214-07		17. INFORMANT Mrs.Marga	aret Blair		iland	l, Md.	
	NO	Conditions, if ony, we gove rise to immed couse (o), stoting underlying couse	CAUSED B' MEDIATE C hich liote the lost.	AUSE (o) DUE TO, OR (b) DUE TO, OR	AS A CONSEQUAS A CONSEQU	JENCE OF	NOT RELATED TO THE TERM	inal DISEASE OR CONE	DITION GIVEN	y	MARE INTERVAL INISET AND DEATH INTERVAL	
2	CERTIFICATION	190 DATE OF OPERATIO	N O	196 CONDITI	ON FOR WHA	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES	G CAUSES	GS USED OF DEATH? NO	
1		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL)	SE OF DEATH	21b. TIME OF HOUR A.M P.M	. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE OF	F INJURY T, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
		220 I certify that (I) (the saw the deceased c above, (I) (we) (did)	olive on		19		, 19, 19	, to death occurred on the do	te and hour an		that (I) (we) lo	st
		27b. SIGNATURE	Me	136	red	m		DIRECTOR PHYSIC		22c. DATE	SIGNED 27-80	
		22d. PHYSICIAN'S NAMI	E (TYPE OR PR	INT)			BMG 912 SI	ETON DRIVE,	CUMBERLA	AND, MC	21502	
	23o. B	SURIAL, CREMATION, REA	MOVAL	3b. DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		YINU	STATE	
4	24.51	Burial		11/29	0/80 L	demor:		Frostbi	irging	April	Md	_
	24 FU	JNERAL DIRECTOR	AL HO		ADDRESS		CONING, M ^{350. DA} 21539	PRODUKTORA	25b HEGISTIMA KUMPLAS	HIGNAT	Sec.	

in the second 대한 , 는 , 그 시 - 이 보는 전략에 있는 . - 이 - 이 보는 . - 이 - 이 모든 모든 것 같다. CORRECT OF MANAGEMENT SWITCH STORY OF THE STATE OF THE ST TIVERY DECEMBER OF STREET ETCH TOURTE MIAN & JOHN MARKET MARKOTS

26704

(VRA 15, 4)

STATE OF MARYLAND

Control of the Contro LOSSIES LOSS SE SENSONARIOS SERVICIOS SELECTIONS tele telephone t \cdot . The second of the secon x all vacuals arising tles care continued to the continued to .ev. .elfracel - crer lanceville, .de. equation of the second of the CONTROL WITH A PRODUCE A STATE OF THE STATE

ROTRUCK FUNERAL HOME; 85 SOUTH MAIN STREET, KEYSER

PRESTON ST

201

DIVISION OF VITAL RECORDS.

STATE OF MARYLAND

and the state of t Ynthg Wendig The section of the se end the property of the second de la companya de la the state of the s STATE OF THE PROPERTY OF THE PERSON OF THE STATE OF THE S Purisi 7 Mov 50 Potence est in the second vilneral widow POTEUGR FUNDAL HOME: SE SOUTH HAIN SITE IT. FOYER

Nov.24,1980

James F. Scarpelli, Cumberland, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

St. Anns Cemetery

REG. NO

2h HOUR

HOURS.

126. KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEA

NO F

STATE

STATE

YES -

COUNTY

COUNTY

Avilton, Allegany, Md.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

Contracting Co

1600

IF UNDER 24 HRS

1980

MONTHS DAYS

INDUSTRY

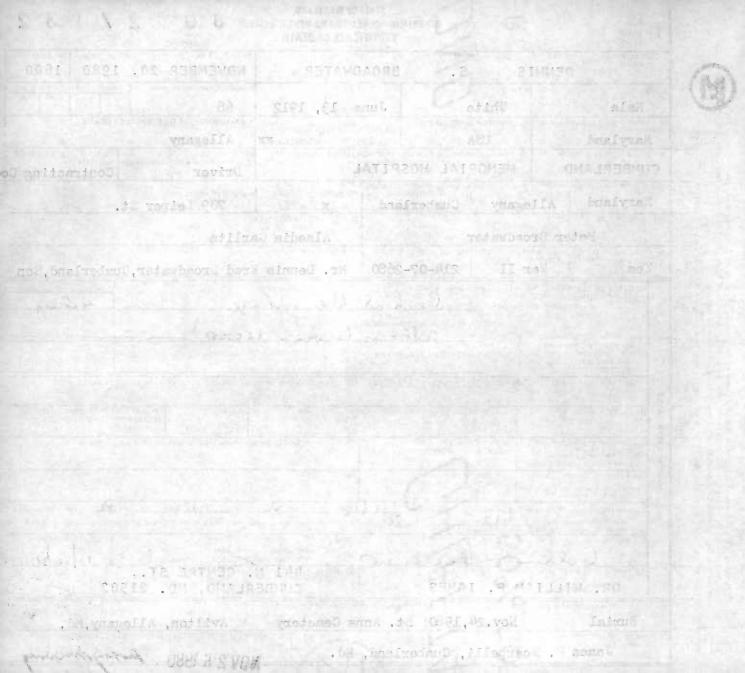
BP

DHMH - 16 50M 7/77 (VR A 15 (4))

FOR - STATE

REGISTRAR

24. FUNERAL DIRECTOR



56 Green St. Frostburg LaRua 17. INFORMANT Mrs. Virginia Buckalew 56 Green St. Frostburg, Md. 21532 2 crest CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART III 206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE , and that in myD(aur) opinion death accurred an the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN P.O. BOX 2455, CUMBERLAND, MD. 21502 COUNTY STATE Burial Fho Memorial Park Frostburg 57 FROST AVENUEDATE REC'D. BY REGISTRAR 256. REGISTRAR 24 FUNERAL DIRECTOR DURST FUNERAL HOME FROSTBURG, MD 1101

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

126. KIND OF BUSINESS OR

1:50PM

IF UNDER 24 HRS

1980

INDUSTRY

IF UNDER LYEAR

FOR

REGISTRAR

- STATE

DHMH-16 30M 2/80 (VRA 15, 4)



			11 1/2/15		
63	1917	14	C Haje.	orr-C	esset
AMERICA MARCHA		X	. 4.8	. II	Line bares
Olice (city)		1171920			Imfredus
To seen it. sees `		75	- L tor	allegan	a Leafyroli
evini	gra	LEO DEL	าวเการ์วาก		
Virginia Androlog 1. Prophery - 1. 31532		. 25	211-07-5573		O ^V

FOR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH	8	()	10	2 7	7 1	3	4
1. DECEASED NAME	FIRST	MIDDLE		DATE	OF DEATH	MONTH	DAY	YEAR	2b. HOU	R
 (TYPE OR PRINT)	Rarhara	M	Durk			7 7	7 1	00	777.1	C

	,	Dal Dal	La	P1 •	D	TLV		1 11	00 2	2:45
M	SEX	Female	Whi		5. DATE C		6 AGE (IN YEARS LAST BIRTH 86	YRS.	UNDER 1 YEAR	HOURS
\$5	cc	Maryland	U.	S.A.	WIDOWE		BALTIMORE CITY OR Allegany	Count	У	
10/0		Cumberland	Alleg	any Cour	ity 1	or other institution Nursing Home	(TYPE OF WORK FOR MOST OF		12b. KIND O INDUSTRY	F BUSINES
100	13a. S	RESIDENCE (IF NURSING HOME OR TATE 136 COUNTY ALL A	other institution ITY egany	GIVE RESIDENCE BEFORE 136. CITY OR TOWN Westerr	1		13. STREET ADDRESS 163 Churc	h St.		
• Kamine	4. FA	THER'S NAME Walter	W.	Warni	ck	IS. MOTHER'S MAIDEN NAM	WIDDIE		Merri	11
medical		(AS DECEASED EVER IN U.S. AR/ es, no or unknown) (IF yes, give	WED FORCES? WAR OR DATES)	213 74 4		II. INFORMANT Ellis Burke	Westernpe		. 2156	2
injury, ar ather traumati	IION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT C	(b) DUE TO, O	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	SHOPERS INAL DISEASE OR COND BACKETHA	ITION GIVEN	IN PART 110	
kuo and	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSÝ? YES □ NO □	20b. IF YES, W IN CERTIFYIN YES [NG CAUSES	
frem 18 st	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTHY MEDICAL EXAMINER)	in .	PFINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART	1 OR PART 2]	
orked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	ZH. LOCATION STREET	CITY OR TOWN	4	COUNTY	STA
re Dept of regar		22a. I certify that (I) (this hospit sow the deceased alive on above, (I) (we) (did) (did not 22b. SIGNATURE	11 11	198		2.7 19 80 and that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF		72c. DATE	
MPORTANT:		DO TO A TOP	PER	M	12	Tre ADDRESS Hyman	Ra 15543		1,,,,,	
\$	730 B	URIAL, CREMATION, REMOVAL	1236. DATE			EMETERY OR CREMATORY	Westernp	ort AP	e ganj	y Mal

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Einter McCready

Boar's Funeral Service, P.A. Westernport, Md.

DHMH-16 60M 1/73 (VR A 15 (4))

213 14 1315 1216 1216 1216 and the state of

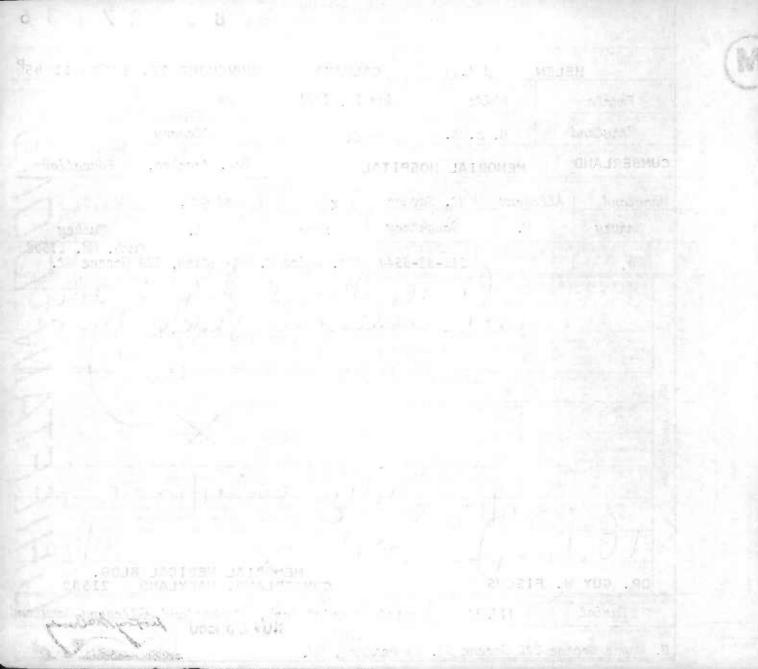
	1				STAT	E OF MARYL	AND				60-0 0-79
	1-	FOR STATE			RTMENT OF H				2	11	3 5
	1. DE	REGISTRAR CEASED NAME	FIRST	MIDD		LAST	FICATEO		REG. NO.	NIH DAY Y	YEAR IN HOUR
ı		E OR PRINT)	******	7717	TOWN.	TOTALON	TTTTO	OF	ESTI-	11 16 198	10:4
I	3. SE:		LVIN 5. DA	ATE OF BIRTH	6. AGE (IN YEAR	BURN 85 I IF UNDER 1 Y			MATED		
	W.	To Table 2	MOI	NTH DAY YE	AR LAST BIRTHDAY	morning on		MIN. PRONOUN DEAD	CED	7/ 100	YEAR 24 HOUR 10:40
	70 B	le Whi	7b. C	IS 15 190	08 72 YR			- 9 BALTIMO	ORE CITY OR CO	UNTY OF DEAT	
	FC	Virginia		U.S.A.		WIDOWED	NEVER MARRIE		_	ALLEGA	ANTV
IC) (TY OR TOWN OF DEAT		AME OF HOSPITAL				120 USUAL OCCUP		ORK 12b. KIND C	OF BUSINESS
	CI	MBERLAND	, ,	FNOT IN SUCH FACILITY, C	or a bineer mooneou,	DOA		Pot i red	Employe		DUSTRY Lroad
1	USU	L RESIDENCE (IF IN NURS		R INSTITUTION, GIVE RESID			IOC CITY LIMITCE				TO AU
		ryland	Allegar	1V 130	umberlan	YES [NO 🔀	RFD #2-	Balt Pil	ce	
		THER'S NAME	MIDD		LAST		THER'S MAIDEN	NAME	DDLE	LAST	
		James		thur	Burner		Otto		ae	Smo	
1	160. \	VAS DECEASED EVER IN		ORCES? 16b	SOCIAL SECURITY	NO. 17 INF	ORMANT		ADDRESSRFI	#2-Bal	lt Pike
		No			705-09-9	941 Mrs	. Grace	Burner	Cun	berland	1,Md
I		18. CAUSE OF DEATH PART I DEATH WA	(Enter anly ane	cause per line far (a						APPROL	XIMATE INTERVAL
			MMEDIATE CAL			DRONARY	occlus	ION			DDEN
ı		4100		DUE TO, OR AS A	CONSEQUENCE O						
		Canditions, if an	mmediate)	(b)			NARY SC	LEROSIS			
	1	couse (a) stating t lying cause last.	he under-	DUE TO, OR AS A	CONSEQUENCE O	F				. 18	
		BART & OTHER CICHIFICANT		(c)							
ı	z	PART 2 OTHER SIGNIFICANT	ONUTTONS CONTRI	BUTING TO DEATH BUT NOT	RELATED TO THE TERMIN	IAL DISEASE OR COND	OITION GIVEN IN PART	T 1 (a),			
1	TIO	190. DATE OF OPERAT	ION	TISE CONDITION F	OR WHICH OPERA	TION WAS PERE	FORMED?			20 AUTO	OBSV2
	FIC									YES	
1	CERTIFICATION	210. EXTERNAL CAUSE		216. TIME OF INJU		21c HOW INJU	URY OCCURRED	LENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 C		LI NO AN
1	ALC	UNDERLYING ON			NTH DAY YEAR						
	MEDICAL	21d INTURY OCCURRE	D	21e PLACE OF INJ	URY (AT HOME,	211. LOCATION	1				
	×	WHILE NOT W	HILE	STREET, FACTORY, FA	RM, ETC.)	STREET		CITY OR TOW	/N	COUNTY	STATE
ı				ne remains described	above hold	Autapsy .	, Inspection	Inquiry	X		
		death resulted from:	Natural cau	ARRESTS.			micide .	Undetermined mar		ny apinian	
		dedin resulted from:	14GIUIGI COU	00	, 3010		E (SPECIFY)	Onderermined ma	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		ACTUAL SIGNATUR	nede	et Ski	tareli	/	EPUTY	MEDICAL EXAM	INFR SI	ATE NOV	16.1980
									11 1211	U1400	
1		(TYPE OR PRINT)	BENEDI	CT SKITARI	ELIC M.D	ADDRES	ss_CUMBE	CRIAND, MI).		
1	23a. B	JRIAL, CREMATION, REP			73c. NAME OF CEM		ATORY	23d. LOCATION		COUNTY	STATE
		Burial	Nor	19,1980	Hillcre	st Buria		Cumberla	and Alle	gany Mar	ryland
	24. F	INERAL DIRECTOR		ADDRESS		catur St		V 2 0 1980		R'S SIGNATURE	
	Si	lcox-Merri	t Funer		e.Cumber	land, Mo	1 110	0861 A 7 A	Buckey	y/mach	andy .

of John 25 mile established the olikely, do - Digrap eat recommend the state of the s on de de la companya THE THE PARTY OF T Delignations and the second of

H. Wayne George 202 Greene St. Cumberland, Md.

- STATE

DHMH-16 30M 2/80 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



EICHHORN FUNERAL HOME, MAIN"ST., LONACONING, MD.

- STATE

DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

it -*** Note that the second of the se CALVINEY, YEAR TO WELL TO WELL TO WELL THE Furied And State of the state o

BP_____ DHMH - 16 50M 7/77 (VR A 15 (4))

1-	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH		2	7 1	3 8
	CEASED NAME FIR		· CHAPP	ELL	REG. No 20 DATE OF DEATH NOVEMBER	MONTH I	1980	26 HOUR 9:05P
	Male	4 RACE White	MONT 8	DF BIRTH H DAY 1899	6. AGE (IN YEARS LAST BIRT	YRS	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
C	RTHPLACE (STATE OF FOREIG DUNTRY) Md.	U.	S. A. WIDOWI		Allegan;	7	OF DEATH	WE
CI	UMBERLAND	(IENSENA)	OSPITAL, NURSING HOME OF THE CONTROL	AL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Retierd		E) INDUSTRY	of Business or anease
	TATE 13b		GIVE RESIDENCE BEFORE ADMISSION) 136 CITY OR TOWN Parton	13d INSIDE CITY LIMITS?	13e STREET ADDRESS Walnut	St Bar	ton Md	
	THER'S NAME William	MIDDLE	Chappell	15. MOTHER'S MAIDEN NA FIRST Marths	MIDDLE 3.		O, Ne	
	VAS DECEASED EVER IN U VES, NO OR UNKNOWN) (IF)	I.S. ARMED FORCES? . res, give war or dates}	214-07-5298	17 INFORMANT Charles	s Chappell I		Md.	
CATION	Conditions, if ony, wh gove rise to immedia couse (a), stating underlying couse le	ich opte the DUE TO, OR OSSIT (c) ANT CONDITIONS CO	R AS A CONSEQUENCE OF AS A CONSEQUENCE OF CONSEQUENCE OF CONTRIBUTING TO DEATH BUT	PIRATORY PNEUMONIT		DIŤION GIV	EN IN PART 1(
CERTIFI	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE	ING 21b. TIME OF HOUR A./	FINJURY M. MONTH DAY YEAR	21c HOW INJURY OCCUR	YES NO	IN CERTIF	YING CAUSES	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EX. 21d INJURY OCCURRED WHILE AT WORK	21e PLACE C		211 LOCATION STREET	CITY OR TO	γN	COUNTY	STATE
	224.1 certify that (1) (this	hospital thended the local did not week the body (TYPE OR PRINT)	Offer death.	77+ ADDRESS MEMO	MEDICAL STA DIRECTOR PHYSIC PRIAL MEDI	FF CIAN CAL E	r and from the	that (1) (we) lo e couses stated E SIGNED
_ (:	SURIAL, CREMATION, REM SPECIFY) Burial		231 NAME OF	rel Hill Cem.	23d LOCATION CITY OR TOWN MOS COW	fills	ATregar	
	Boal Fune	eral Servic	e P. A. Weste	rnport Md. NO		Resp	my Soul	Engle

(1)

e:e: mser .	FI STANSVON		Jine	TAVE.		AU
	f)	1.00	11		el i te	··le
	vu.		x			Au Za
Columbia	ierd		JAT	FOSSH JAE	portant Lil	UNBERLAND
ton .	t turi		×	ton	Vii - 5 1	
Lasel, 0		idtro		11:0-011		nilli
on .	oell ot			211-01-52		c
on .						c
on .						c
on .						C

FOR

REGISTRAR

- STATE

DHMH-16 25M

(VRA 15, 4) 1/79

METHODI ST LO MEMORIAL AVE. ARCHINAL XACADAR DANADAD ADDRESS Lions Manor Nursing Home, Cumberland, MD PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE BERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101/2 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) COUNTY STATE _, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN STATE COUNTY (SPECIBurial Dec. 3, 1980 Hillcrest Burial Park Cumberland, Allegany, Md 24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

2b. HOUR

HOURS

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

80

DAYS

IF UNDER I YEAR

INDUSTRY

30

8 9 7 3 9 The second of the second 11 20 11 25 . 31 XVC JIB//RIGHT TIME PROPERTY AND ASSESSED FOR A STATE AND 175-11-71443 (المرابع المرابع المرا Altador Melynas mileste The Holes & Whiteway some Storman 6 12 miles KREAMENT LLYNGE THAT IS THE CLARGE PROPERTY OF PROGRESS SILLING 17-9-19 (hiptography in tem; in liftin was 11 30 11 07 2 half of 11 his generally brokening our later terrolical closes, and Ditti 1-134 . bit bhasimorist 72 arrive . Bashi

	1.	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 7 1 4 CERTIFICATE OF DEATH REG. NO.						
		CEASED NAME FIRST	M	IODLE	LAST		20. DATE OF DEATH		YEAR 26 HOL
eoth	(IAb)	BERNE	TTA	BEARD	CLARK		NOVEMBER 2	25.1980	1.4
rs ofter o	3. SE	x Female	4 RACE Whit	e	S. DATE OF BIRT	23 1892	6. AGE (IN YEARS LAST)		NDER I YEAR IF UNDER
See 12 Hou		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF W	VHAT COUNTRY?	MARRIED	NEVER MARRIED [OR COUNTY OF	
nothied with	Cu	mberland	(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET ACRED HEA	ANT HOSPI		12a. USUAL OCCUPA HIPE OF WORK OF MOS	TION	12b. KIND OF BUSIN INDUSTRY
and pind pe	7		Legany	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Barton	YES	_		5	
ond 2 sh	1	ATHER'S NAME FIRST Edward	WIDDLE	Beard	15. MC	OTHER'S MAIDEN!	MIODLE	Ga	ttens.
. Poges		WAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES	GIVE WAR OR DATEST	214 03 1		va Staup	ADD	Barton,	Md. 21521
notion		Conditions, if any, which gave rise to immediate		HITEV	ince of Scler	stic H	eart Disc	ise	
t. Then please rer or to buriol, crem y injury, or other	ATION	pove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	DUE TO, OR (c) NT CONDITIONS CO	AS A CONSEQUE NTRIBUTING TO D LOSSIE TION FOR WHICH	ENCE OF DEATH BUT NOT R ACIDE	us,	RMINAL DISEASE OR CO	20b. IF YES, W	ERE FINDINGS USE
r permit. Then please rer ene prior to buriol, crem ows ony injury, or other	TIFICATION	gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	DUE TO, OR (c) NT CONDITIONS CO	ntributing to c	ENCE OF DEATH BUT NOT R ACIDE	us,		20b. IF YES, W	
Consit permit. Then please rer Hygiene prior to buriol, crem 18 shows ony injury, or other	ICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAM	DUE TO, OR (c) NT CONDITIONS CO 19b. CONDIT 19b. CONDIT 11b. TIME OF HOUR A.M	NTRIBUTING TO DELLA CONTROL OF THE C	DEATH BUT NOT R OPERATION WAS AY YEAR 19	PERFORMED	200 AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES	ERE FINDINGS USE G CAUSES OF DEA NO [
sit permit. Then please rer giene prior to buriol, crem shows ony injury, or other	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN 199 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WMILE NOT WHILE AT WORK	DUE TO, OR (c) NT CONDITIONS CO 19b. CONDIT 10c. PLACE CONDIT 11c. PLACE CONDIT 11c. PLACE CONDIT 11c. PLACE CONDITION 11c. PLACE CONDI	NTRIBUTING TO E LOD FOR WHICH INJURY A. MONTH DA A. SF INJURY ET, FACTORY, OFFICE, F.	DEATH BUT NOT R OPERATION WAS AY YEAR 19 211. IF	PERFORMED	200 AUTOPSY? YES NO P	20b. 1F YES, WIN CERTIFYING YES TURY IN ITEM 18, PART 1	ERE FINDINGS USE G CAUSES OF DEA NO [
othed for use as the buriol-transit permit. Then please ret Dept. of Health and Mental Hygiene prior to burial, crem f them 21 is marked or them 18 shows any injury, or other	1.0	gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE	DUE TO, OR (c) NT CONDITIONS CO 19b. CONDIT 19b. CONDIT 19b. CONDIT 21b. TIME OF HOUR A.M P.M 21c. PLACE O (AT HOME. STRE	INTRIBUTING TO E LOD FOR WHICH INJURY A. MONTH DA A. OF INJURY CET, FACTORY, OFFICE, FACTORY, OFFICE, FACTORY	OPERATION WAS AY YEAR 19 211. H ARM, ETC.)	FERFORMED OCATION STREET In (my) (our) apining	200 AUTOPSY? YES NO D URRED (ENTER NATURE OF IN CITY OR an death occurred on the	20b. IF YES, W. IN CERTIFYING YES [] JURY IN ITEM 18. PART 1) TOWN date and hour on	ERE FINDINGS USE G CAUSES OF DEA NO [O OR PART 2)
thed for use as the buriol-transit permit. Then please rectient of Health and Mental Hygiene prior to buriol, cremitem 21 is marked or Item 18 shews any injury, or other	1.0	gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK 270.1 certify that (1) (shis has sow the deceased alive above, (1) (we) (did) (dic above, (1) (we) (did) (dic	DUE TO, OR (c) NT CONDITIONS CO 19b. CONDIT 10b. COND	INTRIBUTING TO E LOD FOR WHICH INJURY A. MONTH DA A. OF INJURY CET, FACTORY, OFFICE, FACTORY, OFFICE, FACTORY	OPERATION WAS AY YEAR 19 211. If ARM, ETC.) DEGRE	OCATION STREET In (my) (our) apining ATTENDING PHYSICIAN	200 AUTOPSY? YES NO D URRED (ENTER NATURE OF IN CITY OR To No V an death occurred on the	120b IF YES, WIN CERTIFYING YES JURY IN ITEM 18, PART 1 TOWN 19 date and hour on	ERE FINDINGS USE G CAUSES OF DEA NO OR PART 2) COUNTY COUNTY 22. DATE SIGNED

88 SCC 75 19 67 18 elle .E gentant transit danaz Eggs Let add my D poster that the Shedal 11/2 /40 Leavel Will Coursely cours 11/2 /11 12/2016 Committee the same series while the same and supported to the same of the same

11.	FOR			STA DEPARTMENT OF			HYGIENBO (2	7 1 1	1 1
	STATE REGISTRAR		MEI	DICAL EXAMIN	NER'S CE	RTIFICATE	OF DEATH	REG. NO.	, , ,	
	PE OR PRINT)		ora Geri	trude Coug	ghenour	ST	OF	ECTI -	11-19 19 80	26. H
3. SE	x emale	White	5. DATE OF BIRTH	YEAR LAST BIRTHI	DAY) MONTHS	DAYS HOURS	R 24 HRS. 2c. DATE PRONOUN DEAD	CED Nov.	ONTH DAY YEAR	2d. He
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Penna.			Dept. 8, 1892 88 YRS. Th. CITIZEN OF WHAT COUNTRY? USA B. MARRIED NEVER MARRIED PROPERTY OF MARRIED Allegany					_	OUNTY OF DEATH	1.00
ID. CITY OR TOWN OF DEATH Cumberland USUAL RESIDENCE (IF IN NURSING HOME OF 13a. STATE 13b. COUN			11. NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) DOA Sacred Heart Hosp			HER INSTITUTION 120 USUAL OCCUPATION (TO				
			OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)		SION)	13d. INSIDE CITY LIMITS? 13o. STREET ADDRESS YES NO 35 Rye St.			1 000	7 112 110 110
		Benjamin	J. Harden			15. MOTHER'S MAIDEN NAME Nancy Jane Liddy			LAST	
60.	WAS DECEASED YES, NO, OR UNKNOW NO	EVER IN U.S. ARA	NED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS					Daughter Vale, Md.	c	
	18 CAUSE OF PART I DE	ATH WAS CAUSED	y one cause per line BY: E CAUSE (a)	far (a), (b), and (c).)	Coror	ary Occl	usion		APPROXIMATE BETWEEN ONSE	TAND DE
	gave rise	s, if any, which e to immediate stating the <u>under-</u> e last.	(b)	AS A CONSEQUENCE O AS A CONSEQUENCE	Coronar	y Sclero	sis			
NO	PART 2 OTHER SIG	NIFICANT CONDITIONS	ONTRIBUTING TO OEATH I	OUT NOT RELATED TO THE TERI	MINAL DISEASE O	R CONDITION GIVEN IN P	ART 1 (a).			
IFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OPE	RATION WAS	PERFORMED?		-	20. AUTOPSYS	
CAL CERTIFICATION	210. EXTERNAL	CAUSE WAS	21b TIME OF HOUR A.M.		Tale HOV		ED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART)	YES 🗌	? NO [
MEDICAL CERTIFICATION	210. EXTERNAL	CAUSE WAS OR IG CAUSE OF D	21b TIME OF HOUR A.M. P.M. 21e PLACE O	INJURY MONTH DAY YEA	Tale HOV	V INJURY OCCURR	ED (ENTER NATURE OF IN). CITY OR TOW		YES 🗌	
MEDICAL CERTIFICATION	21a. EXTÉRNAI UNDERLYING CONTRIBUTIN 21d. INJURY O WHILE AT WORK	CAUSE WAS OR IG OR IG CAUSE OF D CCURRED NOT WHILE AT WORK I that I took charge of from: Nature	21b, TIME OF HOUR A.M. P.M. 21e, PLACE C STREET, FACTO	INJURY MONTH DAY YEA 19 PF INJURY (ATHOME, ORY, FARM, ETC.)	21c. HOV	TION Inspection Homicide TITLE (SPECIFY)	CITY OR TOW	ond in r	YES OR PART 2)	NO ST
MEDICAL	210. EXTERNAL UNDERLYING CONTRIBUTIN 21d. INJURY O WHILE AT WORK 220. I certify death resulte ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN	CAUSE WAS OR GOR CCURRED NOT WHILE AT WORK A that I took charged d from: Noture	21b. TIME OF HOUR A.M. P.M. 21e. PLACE C STREET, FACTO c of the remains descond causes A. Benedict	INJURY MONTH DAY YEA 19 PF INJURY (ATHOME, ORY, FARM, ETC.)	21f. LOCA STRE	TION Hamicide TITLE (SPECIFY) Deputy DERESS. Cum	CITY OR TOW	ond in r	YES COUNTY	NO ST

10 D.D. 1984. at the parties of the A STREET STREET, AS NOT return to all manes a the state of the s Medical Cal Control and Control Contro to the control of the The second state of the second LUCET A VEST CONNECTION DE L'ASSESSE L'ASSESSE

11-	FOR STATE REGISTRAR		DEPARTA		ALTH AND MENTAL HY		7 1 4
1. DEC	CEASED NAME FIRST		WIDDLE	LAS	1	REG. NO. 2g. DATE OF DEATH MONTH DA	YEAR 26 HC
	James			Crab1	^		12
3. SEX		4. RACE	V	5 DATE OF			180 /
				MONTH	DAY YEAR		ONTHS DAYS HOURS
No.	Male	White	WHAT COUNTRY?	6/2	29/99	9 BALTIMORE CITY OR COUNTY O	DE DEATH
	Md Md	Unite		MARRIED	NEVER MARRIED DIVORCED	Allegany	PERIN
	rostburg		HEACILITY, GIVE STREET	ADDRESS)	OTHER INSTITUTION Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSII INDUSTRY
USUA	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			
1	100 00	legany	Frostbu		3d. INSIDE CITY LIMITS? YES X NO	1 Kaylor Circle	
	ATHER'S NAME	regarry	1103 CDU		5. MOTHER'S MAIDEN NA		
1	FIRST	MIDDLE	LAST		FIRST	MIDDLE	LAST
160.30	Sherman VAS DECEASED EVER IN U.S.	A PAAED EODOES2	Crable 166 SOCIAL SECU		Jennie 7 INFORMANT	ADDRESS	Shons
		GIVE WAR OR DATES)					
			216 05 5	317	Mrs.Mable	Crable Lonaco	APPROXIMATE INT
ATION	couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 190. DATE OF OPERATION	T CONDITIONS CO	TAS A COMSEQUE CONTRIBUTING TO D	EATH BUT N	n Synd	MINAL DISEASE OR CONDITION GIVEN 1200 AUTOPSY? 1206. IF YES.	N IN PART 1(0) WERE FINDINGS US
CERTIFICATION						YES NO YES	ING CAUSES OF DE
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	DE INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STO	OF INJURY REET FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TOWN	COUNTY
	220.1 certify that (1) (this ha sow the deceased alive above, (1) (we) (did) (did	on NAU	2/1 19_	40		deoth occurred on the date and hour	
	22b. SIGNATURE	in 4	1	2/	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/27
	22d. PHYSICIAN SAIAME HV	2.8	1111	/	22e ADDRESS		F.C.O.
		III	to your and the same		. YU Main St	Westernport Md 21	207
22- 0	Shin Eung k		22.4	LAME OF CE			
	BURIAL, CREMATION, REMOV (SPECIFY) Burial	AL 23b. DATE	00/00	emori	METERY OR CREMATORY		COUNTY

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

RARES insta

Sherman Jruble centie Shersti

South transmitted and the state of the state

Antitut 13 con test to test to test to the contract of the con

James F. Scarpelli. Cumberland, Md.

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME 2a DATE OF DEATH MONTH 26 HOUR November 1980 6 AGE (IN YEARS LAST BIRTHDAY) ACNIES DAYS 9. BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR LIYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Own Home Kaylor Circle, Frostburg, BETWEEN ONS CONDITION GIVEN IN PART 1101 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) CITY OR TOWN COUNTY STATE and that if (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN PHYSICIAN 81 48 Tarn Terrace, Frostburg, La Vale, Allegany, Md. Burial Restlawn Mem.Gardens 250. DATE REC'D. BY REGISTRAR 256. REU 24. FUNERAL DIRECTOR

STATE OF MARYLAND

DHMH-16 30M 2/80 (VRA 15, 4)

senson a little operation with a collis balling a box bas and the state of the section of the Parviced | Placent | Prostunce | x | Prostunce | Prost febliga estimile Emilian - spould was and sensings I Ber Lal Candula, U.B. 2153E During Tilescripes (enthanester..enthem is the Algerty, d. 13. 3. 5. W. W. James J. Jonepell, Sumbaring, id. - certain

STATE OF MARYLAND

Item 19a G551 1/14/81 dad

09/02/12

Anarony Board Dalto, vo.

Reference to a contention of the Parish and Maria

the party of the second of the

COMMERCIAL MEMORIAL MORSITAR STATE OF S

COLUMN THOMAS IN THE STATE OF T

the same and indicate an area of the building of

16545

ZEIGLER FUNERAL HOME. HYNDMAN, PA.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

the same of the sa CLICE OF WELLTHER THE STORE STORE OF THE STORE TO STORE STORE OF THE STORE STO Cost 3024 REIGHT PREVENTS THE PROPERTY OF THE STATE

h	FOR - STATE			EPARTMI	STATE (LTH AND		HYGIENI	8 0	2	7	1 4	6
1.0	REGISTRAR DECEASED NAME	FIRST	WED	MIDDLE	AMINER	S CERTIF	FICATE C		TH	REG. NO.	ONTH D	AY YEAR	2b HOUR
(T	TYPE OR PRINT)	Clint	.020			Cutt	on	ľ	OF ES	TI-		23,80	2a,
3 S	EX	4. RACE	5. DATE OF BIRTH	6	AGE (IN YEARS			R 24 HRS. 2	C DATE	MC MC		DAY YEAR	2d. HOUR
I	Male	White	9-8-19	12	68 yrs.	AONTHS DAYS	HOURS	MIN F	PRONOUNCED DEAD	11-	23-8	30,0	10a,
7a.	BIRTHPLACE (ST.		76. CITIZEN OF WH	AT COUNTR	va 1.	ARRIED 🖅	NEVER MARR	RIED 🗆	BALTIMORE			OF DEATH	
L	Md			S.A.	W	DOWED 1	DIVORC	CED 🗆		Allega			WE
	Cumber	land	11. NAME OF HOSP (IF NOT IN SUCH FACE Sacred	Hear	t Hosp		TUTION	Ret	ost of working ired (ON (TYPE OF W	ruct	OR INDUST	ISINESS RY
	STATE Md	IF IN NURSING HOME OF Alle	OTHER INSTITUTION, GIV	13c. CITY OF		136. INSIDI	E CITY LIMITS?		ET ADDRESS	Box 2	287		
14.	FATHER'S NAME		WIDDLE			15. MOT	THER'S MAID		MIDDLE			LAST	-
		am	F	Cutt			Ida	-17			Gre	een	
160.	(YES, NO, OR UNKNO	EVER IN U.S. ARM	NED FORCES? VAR OR DATES)	166. SOCIA	L SECURITY NO			1. 0	A			ox 28	
						Mrs	· Nell	1e C	utter	Fre	ostb	urg.N	
	18 CAUSE OF PART I DE	F DEATH (Enter only ATH WAS CAUSED	ane cause per line t				- 6 7		1.:7			APPROXIMATI	T AND DEATH
	415		E CAUSE (a)		Atelec	tasis	OI L	ungs	, D11	atera	1	Sudd	en
	Candition	s, if any, which	,	-0 A CONSE	Pulmo	narv	Embo	olism				11	
	cause (a)	e to immediate stating the <u>under-</u>	DUE TO, OR A	AS A CONSE		J							
	lying caus	se last.	(c)								31		
-		INIFICANT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED	TO THE TERMINAL (ISEASE DR CONOIT	TION GIVEN IN PA	ART 1 (a).					
CERTIFICATION	En	nphysema		1	anulai			ngs	- 7	411			
ICA	19a. DATE OF	OPERATION	196. CONDIT	ION FOR WH	ICH OPERATIO	N WAS PERFO	ORMED?				2	0. AUTOPSY	
- ER	21g EXTERNA	L CAUSE WAS	21b. TIME OF	INJURY	12	c HOW INJUI	PY OCCUPATION	ED JENITED NI	ATURE OF INJURY II	N ITEM 10 DADY	OR BART O	YES X	NO 🗆
ALCI	UNDERLYING	OR	HOUR A.M.	MONTH D	AY YEAR		KT OCCURRE	ED (ENIEKN)	TONE OF INJUNT I	NIEM IBPARTI	OKPARI 2)		
MEDICAL	21d. INJURY O	CCURRED	21e PLACE O		19 AT HOME. 21	LOCATION					7-27		
M	WHILE AT WORK	NOT WHILE AT WORK	STREET, FACTO	DRY, FARM, ETC.)	1	STREET			CITY OR TOWN		COUNTY		STATE
			af the remains desc	ribed abave	held an A	utapsy X.	Inspectio	an X.	Inquiry X	and in	my apinia	ın.	
	death resulte		1777	Mident [. Suicide		micide .		mquiry LA		пу артпа		
1		R	1	1-	- /		(SPECIFY)	22310		111			
1	SIGNATURE	Dene	det	Kela	elec	M.D. De	puty	MEDIC	CALEXAMINE	R S	ATE GNED	11-23	-80
	EXAMINER'S N	NAME Bened	dict Ski							d, Ma	ryla	and 2	1502
23a.	BURIAL CREMAT	ION,REMOVAL 23	11/26/8	23c. NA/	ME OF CEMETE Morial	Pank	TORY	23d. LOC	ATION RIOWN QSTbu:	noul.	EDUNT!	M. Mi	A"
	FUNERAL DIRECT		11/20/0	O FIE	mortal	Idik	10.00	THE THE	TOOD I	Sh. REGISTRA	7/2	IATURE 1	ĵ
			ral Home	Lo	naconi	ng. M				-	-	1	75
						0,			N	1888 W. A.	O.O. Carlo	156	4.65

TO NO. I to K THE TOO YOU ALL ON FOR Turken in the second of the se The same of the sa and female (1)/85/15 Cores taken a taken and the state of the state.

		I. DEC	STATE REGISTRAR CEASED NAME FIR	RST	MIDDLE		ICATE OF DEATH	REG. NO.	DAY YEAR	2h HOUR
· Mi	1		OR PRINT) RHODA		VICTORIA	CI	ITTER			
Ma	A	3. SEX		4 RACE	VICTORIA	5. DATE C)F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	2:00 IF UNDER 24
Z	X		FEMALE	WH	ITE	MONTH 4	27 07	73 YRS	MONTHS DAYS	HOURS
4 000	35	70 BII	RTHPLACE (STATE OR FOREK		S.A.	Y? 8. MARRIE WIDOWE	DI DIVORCED	D BALTIMORE CITY OF COUN	TY OF DEATH	
offied o	50	10 61	TY OR TOWN OF DEATH	11. NAM (IF NO		SING HOME (OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	12b. KIND O INDUSTRY	F BUSINES:
before	200	USUA	I PESIDENICE LE NUBSING H	OME OF OTHER INST	STUTION CINE DESIDENCE RES	ORE ADMISSION)			I OWIV	пом
erimust	35		MD. A	COUNTY LLEGAN	Y MIDLO	HIAN	13d. INSIDE CITY LIMITS?	BOX 337		
examine	310	14 FA	JOHN	MIDDLE	McKENZI	E	MARY E		MINIC	K
medicol	SECTION AND DESCRIPTION ASSESSMENT		VAS DECEASED EVER IN U	I.S. ARMED FOR			MR. GEORG	ADDRESS E CUTTER, BOX3	MD 37.MIDL	OTHI
			gove rise to immedia couse (a), stating t		TO OR 45 4 CONSEC					
Then r to bu injury,		ATION	PART 2. OTHER SIGNIFIC	CANT CONDITION	ONS CONTRIBUTING TO	Betas O DEATH BUT fertion	_	Cesaboranulas MINAL DISEASE OR CONDITION G		
be prior to buriol	9	RTIFICATION	PART 2. OTHER SIGNIFIC	ANT CONDITION	CONTRIBUTING TO	Betwo	N WAS PERFORMED	20a AUTOPSY? 20b. IF Y	YES, WERE FINDIN TIFYING CAUSES YES [IGS USED
Hygiene prior to buriol 18 shows ony injury, or		0	PART 2. OTHER SIGNIFIC	ANT CONDITION 19b. (19b. Condeath Ho)	(c) DOWN CONTRIBUTING TO CONDITION FOR WHILE	Betwo	N WAS PERFORMED	20a AUTOPSY? 20b. IF Y	YES, WERE FINDIN TIFYING CAUSES YES [GS USED OF DEATH
Mentol Hygiene prior to buriol or them 18 shows ony injury, or	7	MEDICAL CERTIFICATION	Underlying couse to PART 2. OTHER SIGNIFIC LULA 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING GIF EITHER NOTHY MEDICAL EX 21d. INJURY OCCURRED	ANT CONDITION 19b. (19b. (19b	CONTRIBUTING TO	O DEATH BUT FUT CH OPERATIO DAY YEAR 19	N WAS PERFORMED	20a AUTOPSY? 20b. IF Y	YES, WERE FINDIN TIFYING CAUSES YES [GS USED OF DEATH NO
vriol-fronsit permit. Then pled tentol Hygiene prior to buriol them 18 shows ony injury, or	7	-	Underlying couse to PART 2. OTHER SIGNIFIC LUCK 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX 21d. INJURY OCCURRED WHILE NOTIFY MEDICALE AT WORK 22a.1 certify that (1) (this sow the deceased of	ANT CONDITION 1 19b. (INS CONTRIBUTING TO FOR WHITE TIME OF INJURY UR A.M. MONTH P.M. PLACE OF INJURY OME, STREET, FACTORY, OFFIC ded the deceosed from	DAY YEAR 19	N WAS PERFORMED 21c. HOW INJURY OCCU 21f. LOCATION STREET	20a AUTOPSY? 20b. IF Y YES NO RRED (ENTER NATURE OF INJURY IN ITEM 1)	(ES, WERE FIND IN TIFYING CAUSES YES B. PART I OR PART 2) COUNTY	IGS USED OF DEATH NO STA
the the state of the buriol-transit permit. Then plec to Dept. of Health and Mental Hygiene prior to buriol if Item 21 is marked or Item 18 shows any injury, or	7	-	Underlying couse to PART 2. OTHER SIGNIFIC LUC 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EX AT WORK 22a.1 certify that (1) (this	ANT CONDITION 1 19b. (INS CONTRIBUTING TO FOR WHITE TIME OF INJURY UR A.M. MONTH P.M. PLACE OF INJURY OME, STREET, FACTORY, OFFIC ded the deceosed from	DAY YEAR 19 19 10 10 10 10 10 10 10 10	N WAS PERFORMED 21c. HOW INJURY OCCU 21f. LOCATION STREET	20a AUTOPSY? 20b. IF Y IN CER' YES NO CITY OR TOWN CITY OR TOWN , to	(ES, WERE FIND IN TIFYING CAUSES YES B. PART I OR PART 2) COUNTY	STA
troched for use as the burial-transit permit. Then plec to Dept. of Health and Mental Hygiene prior to burial if Item 21 is marked or Item 18 shows any injury, or	7	-	Underlying couse lo PART 2. OTHER SIGNIFIC LUC 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX- AT WORK NOTIFY MEDICAL EX- AT WORK AT WORK 22a. I certify that (I) (this sow the deceased of obove, (I) (we) (did) (1) 22b. SIGNATURE 22d. PHYSICIAN'S NAME	ANT CONDITION 19b. (19b. Corporation of the condition of	INS CONTRIBUTING TO FOR WHITE TIME OF INJURY UR A.M. MONTH P.M. PLACE OF INJURY OME, STREET, FACTORY, OFFIC ded the deceosed from	DAY YEAR 19 19 10 10 10 10 10 10 10 10	21c. HOW INJURY OCCU 21f. LOCATION STREET , 19 ad that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22c. ADDRESS	20a AUTOPSY? 20b. IF Y YES	COUNTY COUNTY 22c. DATE	STANDED
DIRECTOR: After this certificate has been signed checked for use of the buriol-transit permit. Then plee obet, of Health and Mental Hygien permit to buriol Dept. of Health and Mental Hygien prior to buriol Hem 21 is marked or them 18 shows any injury, or	7	WEDICAL 23n. B	Underlying couse lo PART 2. OTHER SIGNIFIC LUCY 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX 21d. INJURY OCCURRED WHILE AT WORK 22a. I certify that (I) (this sow the deceased of above. (I) (we) (did) (i) 22b. SIGNATURE	ANT CONDITION 19b. (19b. (19b	IC) DOWN CONTRIBUTING TO THE CONDITION FOR WHILE OF INJURY UR A.M. MONTH P.M. PLACE OF INJURY OME. STREET, FACTORY, OFFICE ded the deceosed from the body offer death.	DAY YEAR 19 19 10, OIL	21c. HOW INJURY OCCU 21f. LOCATION STREET , 19 ad that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22c. ADDRESS	20a AUTOPSY? 20b. IF Y IN CER' YES NO CITY OR TOWN CITY OR TOWN , to	COUNTY COUNTY 22c. DATE	STANDED

the annual to the feet full fig. the first the state of the feet of the first the state of the feet of the first the state of the first the state of the feet of the first the state of the feet of th

WINTER MATTER

THE REPORT OF THE PROPERTY HOUSE WITH THE PARTY OF THE PA to. Attegativ Midterels: Son 337 Letters

TOHE HOLENZE, LEEL LACH LOCK

MAIRTOID THE SECRET OF THE SECRETARY OF THE SECRETARY. Continuent for

The second of the second of the second

Married Times and Land

9988 689

THEORIES, THE PROPERTY OF THE SECOND PROPERTY

a state of the state of the state of

fish Attain

.....

district builting a

A CONTRACT OF STREET

S. Louis Same Back

mind to the second of the seco

STATE OF THE PROPERTY OF THE STATE OF THE ST

SHARERS HEAVEN IVER THE WORLD WITH THE

DEPARTMENT OF HEALTH AND MENTAL HYGIENER - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . REG. NO MIDDLE . DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) Katherine Dixon 10p DEATH MATED 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. 2d. HOUR IF UNDER 24 HRS DATE .901 LAST BIRTHDAY) PRONOUNCED Female White 11-16-80 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md MARRIED NEVER MARRIED K Allegany U.S.A. DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Church Street TRANS TOT WORKING LIFE! Lonaconing USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 ATTegany 130. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c CLonaconing Md Church Street YES T NO 🗌 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Dixon MIDDLE LAST Jämes Unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS PAGES 1 (YES, NO, OR UNKNOWN) Baltimore. Md. Marion Dixon APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Coronary Occlusion Sudden IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF RIAL-TRANSIT I MENTAL HYC OR REMOVAL Canditians, if any, which Sclerosis Coronary gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (q). CERTIFICATION 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E DEPARTMENT OF H YES NO DE ?10. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED ARDED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK STATE STATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: 1 AFTER DEATH, WITH THE S BALLIMORE, MARYLAND, 21 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Natural causes Accident Suicide Hamicide L Undetermined manner TITLE (SPECIFY) 11-16-80 EXAMINER'S NAME Benedict Skitarelic, M. Dooress R#9, Cumberland, Marvland LOCATION EONING 230 BURIAL CREMATION REMOVAL 236 23c. Name of CEMETERY OF CREMATORY OAK HILL Cemetery Md (SPECIFY) Burial BP 250. DATE BECO BY REGISTRAN 266. REGISTRAN 24. FUNERAL DIRECTOR DHMH - 17 Eichhorn Funeral Home Lonaconing, Md. (VR A15 ME (5)) 15M 7/77

De State Comment

STATE OF MARYLAND

I Active puts are of

GARFIELD THOMAS FUNERAL HOME: 101 GRANT STREET

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

DHMH-16 30M 2/80 (VRA 15, 4)

Altras Minus Fir The fell of the second of the PARTY AND THE PURISH PARTY AND AND THE PARTY AND PARTY A

TERRITOR OF THE PURE PLANT CHIRAGO

· (3-11) information of the contract of the contract of farming gooden't from a firm to the section of the state of interest through the transfer of the control of the They will be with down about the state of the Control of the Contr The state of the s City of the contract of the co The state of the s

CUMBERLAND

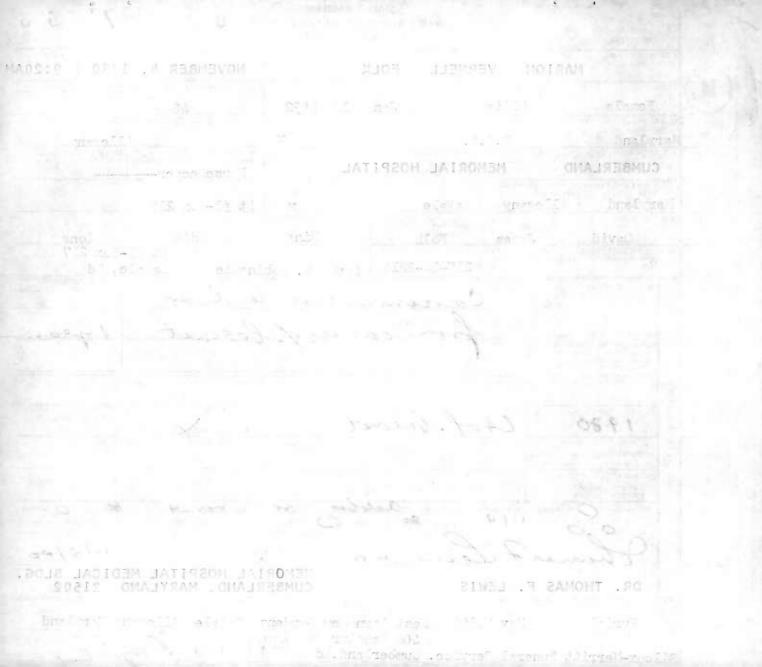
LEASURE-STEIN FUNERAL HOME

(VRA 15, 4)

STATE OF MARYLAND

THE POPULATION OF THE PARTY OF SACED HIRE YEAR AND AS A STATE OF THE SACE 13 30 31 The party of the state of the s A TIME TO THE TOTAL THE TO Amende of the Control of the Control

	d		1	FOR - STATE REGISTRAR		DEPARTI	MENT OF HEA	F MARYLAND LTH AND MENTAL ATE OF DEATH	HYGIENE	8 0 2 REG. NO.	2 7	5 3
8	1:	1	1 DE	CEASED NAME FIRST MAR]	ON V	ERNELL	FOLK			VEMBER 4,	1980	26. HOUR 9:20A
9			3 SE	x	4 RACE		S. DATE OF I	BIRTH DAY YEAR	6. AGE JIN	YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
1		/		Female	White		Jan	16 1932		48 YRS.		
ath.	2 hours	21		IRTHPLACE ISTATE OR FOREIGN OUNTRY)		WHAT COUNTRY?	1	NEVER MARRIED		ORE CITY OR COUNT	Y OF DEATH	
er de	fune 7 nir			ryland ITY OR TOWN OF DEATH	U.S		WIDOWED (DIVORCED		LOCCUPATION	Allega	OF BUSINESS OR
urs aft	by the	50		CUMBERLAND		MORTAL			I TYPE OF WO	ork for most of working Lisekeeper-		,, , , , , , , , , , , , , , , , , , ,
ıın 24 ho	Was 17 0.5	35	13a.	AL RESIDENCE (IF NURSING HOME STATE 136 CO aryland Al	or other institution unity legany	13c CITY OR TOW LaVale	N 113	I INSIDE CITY LIMIT	S? IJR STREE	TADDRESS		
wit	2 shou	X		ATHER'S NAME	MIDDLE	LAST	15	MOTHER'S MAIDEN		WIDDLE	LA	ST.
ecuted	compliand 1	010		David	James	Folk		Nina		Edith	L	ong
e be exer	77 6	, mem		MAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES, O NO	ARMED FORCES? GIVE WAR OR DATES)	217-28-	0071	David R.	Robinett	ADDRESSRt #	ale, Md	217
e law requires that	Ther ior to	ws any miny, or or	CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION	T CONDITIONS C	ONTAS A CONSEQUE	DEATH BUT NO			TOPSY? 206. IF YE	S, WERE FINDI	NGS USED
Z.	cian. ificate has l nsit permit Hygiene pr	d	FE	1980	CA	of	reas	t	YES 🗌	NO Y	IFYING CAUSES	NO [
YSICIAN	s certific al-transi ental Hy	9		718. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A		AY YEAR	It HOW INJURY OC	CURRED JENTER	NATURE OF INJURY IN ITEM 18,	PART I OR PART 2)	
ENDING PHY	After this certithe burial-trail		MEDICAL	2)4 INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F		IF LOCATION STREET		CITY OR TOWN	COUNTY	STATE
1-	ECTOR: for use as or of Healt	2 13		22a certify that (1) this ho sow the deceased alive above (1) we) (aid) (did	on 11/4	19.8		hat i (my) (our) opi		red on the date and ha		that (we) lost couses stated
TALOR	the hospital RAL DIRECT etached for ate Dept. of			22 SIGNATURE	170	Levis	mr		IN DIRECTO	R PHYSICIAN	11/	SIGNED
HOSPI.	TO FUNERAL should be detact with the State E			DR. THOMAS		WIS	7			HOSPITAL D, MARYLA		L BLDG. 502
2	a Dy		23a	BURIAL, CREMATION, REMOV	AL 236. DATE	23c 1	NAME OF CEM	ETERY OR CREMATO	ORY 23d. LOI	CATION	COUNTY	STATE
E	BP			Burial	Nov 7			n Mem Gard	lens La	Vale Alleg	any Mar	yland
	DHMH-16 25 VRA 15, 4) 1			UNERAL DIRECTOR NAME 1 COX-Merritt F	uneral S			atur St 159	NON I O BY	REGISTRAR 256 REGIS	TRAR'S SIGNAT	TURE



1. DE	STATF REGISTRAR CEASED NAME			MIDDLE	EXAMINE	LAST			n DATE KN	REG. NO	MONTH	DAY YEAR	THE MOUSE
(TYP	E OR PRINT)	ELIJA	\H	JUNIOR		FRIEM			OF E	ATED	Nov.	21,0 80	A. M
3. SEX	ale	White	5. DATE OF BIRT	1935	6. AGE (IN YEARS LAST BIRTHDAY) 45 YRS.	MONTHS DA	YR. IF UNDER		RONOUNCE DEAD	No	w. 21	DAY YEAR 19 80	242:00 A. M
	Marylan		76. CITIZEN OF V	. A.	V	IDOWED [NEVER MARR	IED L		-	gany	TY OF DEATH	MD.
	umberla		11. NAME OF HO	OSPITAL, NU	RSING HOME, C Memoria	ROTHER INS	TITUTION	12a USU/ FOR C	aborer	TION (TYP IG LIFE)	E OF WORK	Bldg.	usiness IRY upplie
JSUA 130 S	TATE VYLAND	(IF IN NURSING HOA	ME OR OTHER INSTITUTION, UNITY LEGANY	13t CITY	or town	13d INS	IDE CITY LIMITS?	13. STRE	et address eler R	Rd. R	et. #	4 Box 2	259
	Andreu		MIDDLE		iend	15. MC	Anna	EN NAME	мю Ма	u U		Day	
16a V	VAS DECEASEI	D EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)		32-3690	O. 17 INF	· Judy	D. Pe	erts, 1	Rt.	Hynd # 1 b	man, Pa ox 389,	.15545
	18 CAUSE O PART I DE	ATH WAS CAU	only one couse per li SED BY: DIATE CAUSE (o)	ne for (o), (b), ond (c))	GUNSH07	WOUND	OF N	ECK,			APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
		ns, if any, wh	ich DUE TO, C	OR AS A COM	NSEQUENCE OF	(HOM	ICIDE !)				MINS.	
		stating the und		OR AS A COM	NSEQUENCE OF								
NO	PART 2 OTHER SI	GNIFICANT CONDITION	ONS CONTRIBUTING TO DEA	TN BUT NOT RELA	ATEO TO THE TERMINA	OISEASE OR CON	OITION GIVEN IN PA	ART 1 (a).					
CERTIFICATION	190. DATE OF	OPERATION	19b. CONI	DITION FOR	WHICH OPERAT	ION WAS PER	FORMED?			7.		20. AUTOPS	Y?
AL CERT	UNDERLYING	AL CAUSE WAS	HOURA	OF INJURY .M. MONTH	DAY YEAR 21, 19 80		shot in			Y IN ITEM 18	PART I OR PA		
MEDICAL	21d INJURY		21e. PLAC STREET, F.	E OF INJURY ACTORY, FARM, E HOME	(AT HOME,	Wheele		Rt. #	4 °CW	berl	and,	Allegan	y Mã.
		fy that I took ch	arge of the remains o	described obc		Autopsy 🛭	Inspection		Inquiry X		nd in my o	pinian	
	ACTUAL		aciet Sk			TIT	LE (SPECIFY)		CAL EXAMIN		DATE	ED 11/21/	80
_	EXAMINER'S		enedict Sk										
23a.B	URIAL, CREMA	TION, REMOVA	L 23b. DATE	1224	NAME OF CEME	ERY OR CREA	AATORY	123d 1 O	CATION				
	UNERAL DIREC		11/24/80	1	Peer Par	21502	tery,	DVZ	r Park	25b. P. C.	vret	Marylo	ınd
	MAGNE	0	. 202 Gre	0 0	0 1		4 6 10						

			ing in Sales		
A. w. 12 . mg/			198		
. 18 18 19			e- 26911	Land Jack	5.01
	provided.	magn lada	ic. A. remar		lan Kans
	N MANAGER X			10075534	
		nh Se	Same All		washipa
and the state of t	na da	.ALC \$99	-1-12		. 116
. Eath	Table 1 1 Mag				
,211pH		570501			
	t in Recky		.12.40. ===	:	
All unman S. C. brud			4	No.	
307/27/11					
	Table, Web, W.				
Samuel Marie	MUV 2.5 Listu	10.1 10.1	10 M 1024	MIATE Sange, Subset	nkens Gramski il

FROSTBURG. MD.

- STATE

DHMH-16 30M 2/80 (VRA 15, 4)

DURST FUNERAL HOME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ACC: The Develop 1977; The Mallithe College (1-10) Y 403-114 The second secon OURST FLARENT FLARENCE STORES.

	1-	FOR STATE REGISTRAR			TMENT OF HEA	F MARYLAND LTH AND MENTAL S CERTIFICATE		2	7 1	5 7
		CEASED NAME	FIRST	MIDDLE	- EXPONITOR	LAST	2a. DATE K	REG. NO.	TH DAY Y	YEAR 2b. HOUR
ASE TOR. LLES. URS EET,			Georg			les	OF DEATH A	MATED 11	-14-8Q	3:50 P
RY, PLE, DIRECT	Ma Ma		RACE White	5. DATE OF BIRTH MONTH DAY 6-17-30	6. AGE (IN YEARS I	ONTHS DAYS HOURS	R 24 HRS. 2c. DATE MIN. PRONOUNC DE AD	11-14-		3"50 PM
2 S S S		RTHPLACE (STATE PREIGN COUNTRY)	d/	76. CITIZEN OF WHAT COI	M	ARRIED NEVER MARI	RIED 🔲	PRE CITY OR COL		
I PM 3. RETAIN PAGE 5 IND 2 SHOULD BE FILED, F VITAL RECORDS 301 W.		ty or town of Cumberlar	nd		1 Hospital	OTHER INSTITUTION	120. USUAL OCCUPA FOR MOST OF WORKII HVV . Equ	NTON (TYPE OF WO	RK 12b. KIND COR INC OR INC Minin	OF BUSINESS DUSTRY
HOULD RECORD	USU, 13a. S Man	TATE Yland	13b COUNT AILE	R OTHER INSTITUTION, GIVE RESIDEN TY 13c. CI egany Wes	ternport	13d. INSIDE CITY LIMITS? YES K NO	13e. STREET ADDRESS	omer Str	eet	
AND 2 S	C	ATHER'S NAME FIRST Edward		MIDOLE Ga]		15. MOTHER'S MAID FIRST Floren	MID	Gı	uynn (AST	
WITH FORM PW PAGES 1 AND DIVISION OF VII	16a.\	VAS DECEASED E ES, NO, OR UNKNOWN YES	I LIF YES, GIVE V	WAR OR GATES)	212 2/4 170	17. INFORMANT Angie Bur	rgess Wester	address	d.	
XAMINER ALONG AL-TRANSIT PERMIT MENTAL HYGIENE, OR REMOVAL.		PARTIDEAT Conditions, gave rise cause (a) str lying cause	if any, which to immediate ating the under-	DUE TO, OR AS A CO	erebral H DNSEQUENCE OF upture of DNSEQUENCE OF	emorrhage aneurysm of		Willis	APPROD ANAL 29 Ho	XMATE INTERVAL ONSEE AND DEATH LETTAKEX OUTS
SES	CERTIFICATION	19a, DATE OF O			R WHICH OPERATIO				20. AUTO	
DEPARTMENT OF PRIOR TO BUNIELL		210 EXTERNAL OF UNDERLYING CONTRIBUTING	_	21b. TIME OF INJURY HOUR A.M. MONT P.M.		t. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OF	R PART 2)	
STATE DEP.	MEDICAL	21d. INJURY OCCUMBILE	CURRED NOT WHILE TO NORK	21e PLACE OF INJUI STREET, FACTORY, FARM		LOCATION	CITY OR TOWN	4	COUNTY	STATE
FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 212	7	death resulted ACTUAL SIGNATURE	Bened	e of the remains described a al causes XX, Acciden	are C	tapsy X. Inspection In	Undetermined man	ner ,	y apinian ITE 11–14 GNED	-80
PAGE 4 TO FUN AFTER D BALTIMC	4			t Skitarelic	, M.D.	ADDRESS_R#9,0	Cumberland,	Marylan	.d	
10 10 10 10 10		URIAL, CREMATIC SPECIFY) Burial	1, 1	Nov.17,1980 F	. NAME OF CEMETER Rostlawn Mo	emorial Gard		Alle		STATE
DHMH - 17 A15 ME (5))		oal	ral Ser	vice Western	port, Md.	25e. DATE	OV 19 1980	25b. REGISTRAR	S SIGNATURE	rooks

br: 1

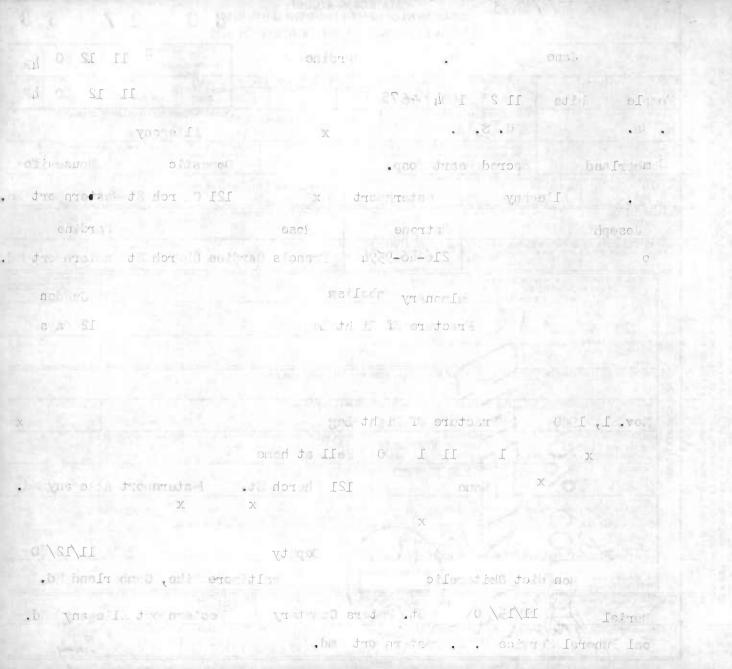
Tomi enl service estrenomi, i.

mini treeling .ww

S J

The old of notes of 1 work and 0 21, 1.vot 1 into

	FOR STATE REGIS		50 12/8,			STATI MENT OF HI EXAMINE	EALTH		ENTAL		•	0	G. NO.	2 7	7	5	8
	PE OR PR	D NAME	Jane	Ger (1)	M		Ga	rdine			0	KNOV	VN E		12	80	2b. HOUR
	emal	.e	White	5. DATE OF BIR MONTH 0.	1904	6 AGE (IN YEARS LAST BIRTHDAY)	MONTE	DER 1 YR.	IF UNDER	R 24 HRS. MIN,	2c. DA PRONO DE	UNCED AD		MONTH 11		80 19	2d. HOUR LP
5 W	OREIGN O	ACE ISTATI		76. CITIZEN OF	. A.		WIDOW		DIVORC	CED 🗆		Alle	ganj	У			MD.
2-1	Cumb	rownor	nd	Sacred	Heart	Hosp.		ER INSTITU	ION	120. US FOR	UAL OCC MOST OF W Dome	UPATION ORKING LIF Stic	N (TYPE (OF WORK	OR	D OF BUSINGUSTR	Υ
13a.	STATE Mc		13b. COUN' Alle	ΓY	13c. CITY	or town		13d INSIDE CI YES.	NO 🗆		121	RESS	ch S	St W	es†e	rnpo:	rt Md.
	FI	S NAME STOSEPI		MIDDLE	Pa [*]	LAST LYONE		R	DSC	EN NAMI		WIDDLE		1	Gard	ino	
160	NO.	OR UNKNOWN		WAR OR DATES)	210	5-46-959		Fra		Gard	ine		ch S	St W		L.	rt Md
1	8	Conditions,	DEATH (Enter online WAS CAUSED AMMEDIAT if only, which to immediate oring the under-	DUE TO,	Pulmos oras a con Fracti										SETW	ndde) Day	n AND DEATH
NOI	PART	ying cause 2 OTHER SIGNI	FICANT CONDITIONS	(c)	<u>ath</u> but not rel <i>i</i>	TED TO THE TERMINA				ART 1 (a),							
CERTIFICATION		v. 1	1980			Of Righ			MED?							UTOPSY?	NO 🛣
MEDICAL CER	UND	ERLYING TRIBUTING	CAUSE OF D	DEATH 1	OF INJURY A.M. MONTH P.M. 11	DAY YEAR 1 1980	F	ell a			NATURE OF	INJURY IN I	ITEM 18 PA	ART 1 OR PA	ART 2)		
MED	WHI AT V	LE VORK	CURRED NOT WHILE ON AT WORK	STREET,	E OF INJURY FACTORY, FARM, E	TC.)	5	treet 21 Ch	arch	St.	CITY OR	este	rnpo	ort.	Alle	gany	STATE Md.
	ACTU SIGN	th resulted	Bene	dict	Accident Skill	X, Suici	Autop	, Homic	pecify)	Under	PICAL EXA	AMINER	□.		ED 11	/12/	(3)-7
230.1	BURIAL		WE Bened	_		NAME OF CEME		ADDRESS R CREMATO			org		, Cı	umbe	rlan	d Md	•
	SPECIFY) R1 FUNERA	rial Admecto	OR // AUG	11/15/8	O)		ters	Ceme:		REC'D. B						nyl	Md,
	D08	L Ful	Parer of	r ATGG L	* TT * (/)	so octalia	01.0	10,014	AAA	11	1200	1.	14/4	my	COM	world	



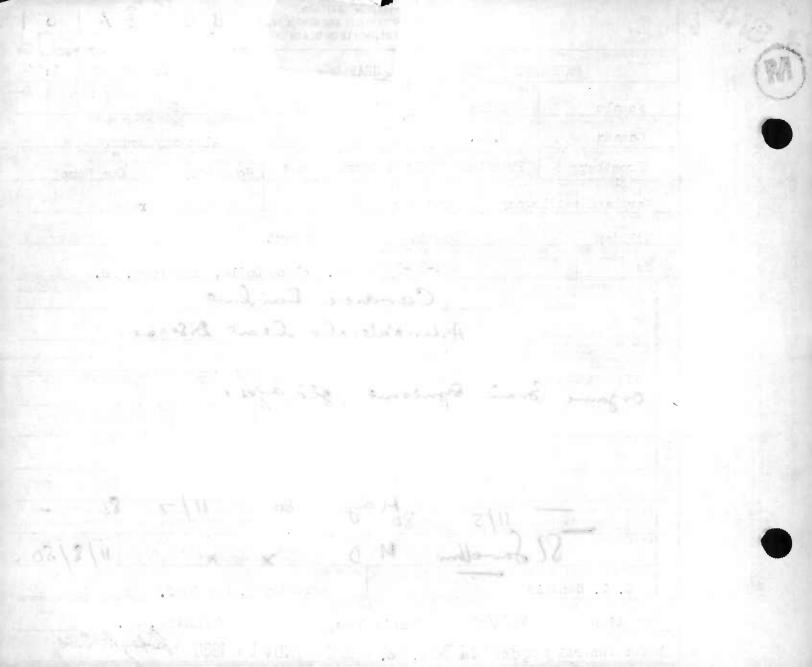
1									ARYLAN		anh			40 A 574	
/	* 40		OR							ENTAL HYG		0	2 1	1 5	9
1			EGISTRAR		ME	DICALE	EXAMIN	ER'S C	ERTIFIC	CATE OF E	DEATH	REG.	NO.		- 1
MA			EASED NAME	FIRST		WIDDLE		-	LAST		2a. DAT	E KNOWN	MONTH	DAY YEAR	2b. HOUR
TY I	www.co.	{TYPE	OR PRINT)	Elle	222	P.		Gon	lach		OF	H MATED		-6-180	72
	TOP TOP TOP TEES	3. SEX		4. RACE	5. DATE OF BIRTH	I.	6. AGE (IN YEA			IF UNDER 24 H			MONTH	DAY YEAR	7p M
	REC REC STR F				MONTH DAY	YEAR	LAST BIRTHD			HOURS MIN	PRONO	UNCED			
	ARY ON 72			White	Mar.10,	1897	83 YE	S.			DE.			-6- ₁ 80	8pm
	S NECESSARY PLEASE E FUNERAL DIRECTOR. E. 5 FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET.	7a BIR FORI	THPLACE (STA	ATE OR	76. CITIZEN OF W	HAT COUN	TRY?	8. MARRI	ED NEV	ER MARRIED	9. BALT	IMORE CIT	Y OR COUN	TY OF DEATH	
	S S S S S S S S S S S S S S S S S S S	1	faryla	nd	U.S.A			WIDOW	ED X	DIVORCED		llegs	any		MD.
-11	AY IS N. THE FU.	10. CIT	Y OR TOWN C	OF DEATH	11. NAME OF HOS	PITAL NUR	SING HOME	, OR OTH	ER INSTITUT	TION 12a	USUAL OCC		TYPE OF WORK	126 KIND OF BU OR INDUST	JSINESS
	PAGE PAGE	H	rostb	nac	DOA -	_	stbur	or Co	mm . I	Hosp.	HO11S	ewif	9	Own Ho	
	3 TO THE NIN PAGE NIN	USUAL	RESIDENCE (IF IN NURSING HOME C	ROTHER INSTITUTION, GI	VE RESIDENCE	BEFORE ADMISSIO							101111	72120
21201	AND AND TOULD TOUT TOUT TOUT TO THE TANK	13a. ST	-	13b. COUN	7		OR TOWN		13d. INSIDE CIT		STREET ADD		1.0		
217	A S S S		aryla	nd All	eganv	LEC.	khart		YES	№ □		Route	9 40		
WD.	DEATH.	14. FAI	HER'S NAME FIRST		MIDDLE	1	AST			R'S MAIDEN N	AME	MIDDLE		LAST	
	PAGES ORM P N OF V		Thoma	S		Pete:	rson			llen				nson	
Q.	PAC	16a. W.	AS DECEASED	EVER IN U.S. AR	MED FORCES?	166. SOC	IAL SECURITY	(NO.	17. INFORM	MANT		ADDRE	SS		
BALTIMORE,	URS AFTER DEATH, IF ANY DELV B. GIVE PAGES 1, 2, AND 3 TO WITH FORM PM 3. RETAIN P. : PAGES 1 AND 2 SHOULD BB. DIVISION OF VITAL (RECORD).		No			213	-74-0	1.81	Mary	y Jane	Gerl	ach.	Eckh	art. Mo	i.
8	HOURS AR N 18. GIVE NG WITH WIT. PAGE NE, DIVISIO		18 CAUSE OF	DEATH (Enter on	ly ane cause per line			-						APPROXIMAT	
ST.,	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		PART I DEA	ATH WAS CAUSE	D BY:				Conc	onarv	000711	gion		Sudo	
O	I 24 H ITEM ALONG PERM GIENE		4610	MMEDIA	TE CAUSE (a)	AS A CON	SEQUÊNCE O	OF.		original A	00014	DAVIA		Dadi	1011
PRESTON	HIN HY		Condition	s, if any, which					a .		0.7				
	WIT ALL MAN			e to immediate stating the under-	(b)	15 1 5011			Gord	onary	perer	OSIS			•
1 W.	PENC XAMIN XAMIN AL-TRA MENT		lying caus		DUE 10, OK	AS A CON	SEQUENCE O)F							
301	UUD BE EXECUTED WITHIN 24 HOU. "PENDING" IN PENCIL IN ITEM 18 EF MEDICAL EXAMINER ALONG VEED AS A BURIALTRANSIT PERMIT. HEATITH AND MENTAL HYGIENE, IN CREMATION, OR REMOVAL.				(c)										
SDS.			PART 2 DIHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELAT	ED TO THE TERM	INAL DISEASE	DR CONDITION	GIVEN IN PART 1	g).				
RECORDS,	RD "PENDING" CHIEF MEDICA CHIEF MEDICA I USED AS A B OF HEALTH AN	CERTIFICATION													
	SHOULD ORD "PEN CHIEF A E USED TO FHEA	8	19a. DATE OF	OPERATION	19b. CONDI	TION FOR V	VHICH OPER	ATION W	AS PERFORA	MED?				20. AUTOPSY	?
DIVISION OF VITAL	ATE SHOULD THE CHIEF THE CHIEF THE BE USED WENT OF HE	TE												YES	NO
)F V	SUR BUR	8		L CAUSE WAS	21b. TIME OF	INJURY MONTH	DAY YEAR		OW INJURY	OCCURRED (E	NTER NATURE OF	INJURY IN (TEA	18 PART 1 OR PA	ART 2)	
Z	CERTIFICATE SHO		UNDERLYING	OR IG CAUSE OF E			19	3							
ISIC	EERTING ING ED T 3 SH RIOR	1 Y L	21d INJURY O		21e PLACE	OF INJURY	(AT HOME.		CATION						
2	HIS CI WRITH VARDE AGE 3 ATE D		WHILE AT WORK	NOT WHILE	STREET, FAC	TORY, FARM, ET	C.)	S	TREET		CITY OR	TOWN	co	VINIY	STATE
			AT WORK	AT WORK						-	7	CED.			
	FOR PER STORY		22a. I certify	y that I taak charg	e of the remains des	cribed abar	ve, held an	Autop	sy .	Inspection X	, Inqui	ry LX	and in my a	pinian	
	AN HELD		death resulte	d fram: Natur	al causes 📜.	Aggident	, Sui	cide	, Hamici	ide U	ndetermined	manner	,		
	EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR: WITH THE NARYLAND, 2			0		VA -	4)	TITLE (SF	PECIFY)					9.00
	A TH.		ACTUAL SIGNATURE	Dene	decky	the	arel	ec/m	D. De	eputy	MEDICAL EX	AMINER	DATE	ED 11-6.	-80
	SEA SEA		V												
	MEDICAL ECUTE THE GECUTE THE GECUTE THE GE A SHOULT FUNERAL IT IN OF THE GEATH, IT IN OFFICE WAS A SHOULT SHOULD SHOULT SHOULD SHOULT S		EXAMINER'S N (TYPE OR PRIN	Bene	edict Sk	itar	elic	T.030	ADDRESS	RD 9,	Cumb	erlai	nd, M	d. 2150)2
	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFFER DEATH, WITH THE ST BALTMORE, MARYLAND, 21:	23a.BU	RIAL, CREMAT	ION,REMOVAL 2	3b. DATE	23c. N	IAME OF CEA			ORY 23	d. LOCATION	1	COU	INITY	TATE
	BP	{SPI	Bur	ial	Nov. 8,19	80 E	ckhart	Cam	atem		Eckha	rt. Ai	legan		IAIE
	DHMH - 17	24. FUI	NERAL DIRECT				J-223008 (1	250 DATE REC'		RAR 25b. RI	GISTRAR'S	POSSIBLE P	
	(VR A15 ME (5))		Duret	Fineral	Home, Fro	atha	w. Ma	27.5	32	MANA T	1 1300	1	1	/	
	15M 7/77		-4150	- union al	LOMO, FT	10 vivill	go mu	217	14						

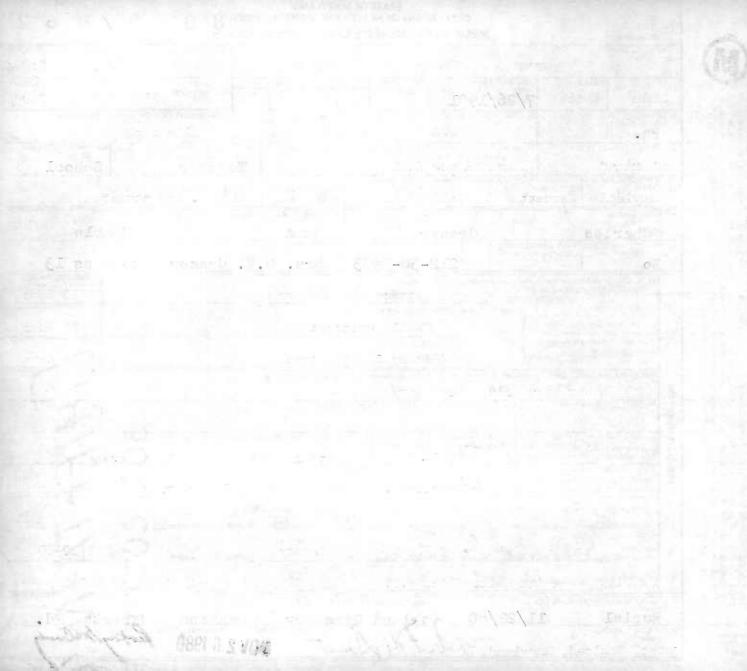
· the contract and I than the term of the contract of Legender 101 Part 101 A SO SOLICIO DE LA COLLEGIO DEL COLLEGIO DE LA COLLEGIO DEL COLLEGIO DE LA COLLEG Parish Nov. 5,1990 School Comptons Solders, allerny, MA. Strait of an I am to the

							AARYLAND					
		FOR STATE			EPARTMENT C				0	2	7 1 6	5 0
		REGISTRAR			ICAL EXAM	INER'S	CERTIFICAT	E OF DEA	TH RE	G. NO.		
		CEASED NAME	FIRST	'	MIDDLE		LAST		a. DATE KNOW	N M MONTH	DAY YEAR	23 HOUR
	,,,,		WILLIAM	1	HOWARD		GERO		OF ESTI-	ם ם	20 1980	
	3 SE)		5. DA1	TE OF BIRTH	6 AGE (III	YEARS IF UN	DER 1 YR. IF UN		c. DATE	HINOM	DAY YEAR	* 13 HOUR
1	Ma	le White	MON			YRS.	HS DAYS HOU	RS MIN	PRONOUNCED	77	00 10 4	- 10
ı	70. BI	RTHPLACE (STATE OR		TIZEN OF WHA		T _R			BALTIMORE C	ITY OR COUN	20 19 8	O P M
		REIGN COUNTRY)					IED NEVER N	ARRIED				4 3 73 7
4	10. CI	est Virgini:		U.S.	TAL, NURSING HO	WIDOW		011020	AL OCCUPATION	Lancas	ALLEG	
7			(IF)	NOT IN SUCH FACIL	ITY, GIVE STREET ADDRES	(S)		FOR M	OST OF WORKING LIFE	(TYPE OF WORK	OR INDUS	STRY
4		MBERLAND		MEMORIA	L HOSPIT	AL- DO	A	Reti	red Emp	loyee	Tire	Co
1	13a S		COUNTY		residence before adm 13c. CITY OR TOW!		13d. INSIDE CITY LIM	ITS? 13e. STRE	ET ADDRESS			
	Ma	ryland	Allegan	y	Cumberla	nd	error.		Shriver	Avenue		
,]	14. FA	THER'S NAME	MIDDLI		LAST		15. MOTHER'S M		WIDDLE		LAST	
		Arsane	N		Gero		Ann	ie	T.			tler
1	16a. V	AS DECEASED EVER IN L	J.S. ARMED FO	RCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT			RESS 601	Shriver	Ave
			ES, GIVE WAR OR D	DATES)	213-09-4	203	Miss Io	is Gen			erland,	
ŀ		NO 18. CAUSE OF DEATH (E	nter only enc	aura na lite d	~	~7)	11100 10	TO GET		Cullb		ATE INTERVAL
1		PART I DEATH WAS	CAUSED BY:	ause per line to	ir (a), (b), and (c).)	COT	ONTARW OF	ATTIGTOR			BETWEEN ONS	SET AND DEATH
		1/100 IM	MEDIATE CAUS	,	S A CONFESSION		ONARY OC	CTOSTOV			SUDD	5W
		Canditians, if any,		DUE TO, OR AS	S A CONSEQUENC	E OF						
		gave rise to imm	nediate /	(b)			CORONARY	SCLERO	SIS			-
		cause (a) stating the lying cause last.	under-	DUE TO, OR AS	S A CONSEQUENC	E OF						
1				(c)								
		PART 2 DTHER SIGNIFICANT CON	IDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEAS	E DR CONDITION GIVEN	IN PART 1 (a).				
	CERTIFICATION											
	CAT	190. DATE OF OPERATIO	N	19b. CONDITIO	ON FOR WHICH OF	ERATION W	AS PERFORMED?				20. AUTOPS	Υ?
1	TIFIC	290	3000								YES 🗆	NO 🔀
1	CER	21a EXTERNAL CAUSE W	/AS	216. TIME OF IN		21c. HC	OW INJURY OCC	URRED (ENTER N	ATURE OF INJURY IN IT	EM 18 PART 1 OR PA		382
I		UNDERLYING OR	SE OF DEATH	P.M.	MONTH DAY YE	AR						
1	MEDICAL	21d. INJURY OCCURRED		21e PLACE OF	INJURY (ATHOME,		CATION					
1	ME	WHILE NOT WHILE AT WORK		STREET, FACTOR			TREET		CITY OR TOWN	co	DUNTY	STATE
1		AT WORK - AT WORK										
		22a. I certify that I taa	k charge of the	remains descri	bed abave, held ar	Autap	sy 🔲 , Insp	ection X	Inquiry X,	and in my a	pinian	
		death resulted fram:	Natural cause	es X , A	ccidogt,	Suicide 🔲	, Hamicide	Undete	rmined manner			
		D			10-	- 1	TITLE (SPECIF	Y)				
		ACTUAL SIGNATURE DE	rede	15	relar	leam	DEPUTY	MEDIC	CALEXAMINER	DATE	ED NOV 2	20,1980
7									eric ENTAINTEN	31014		
		EXAMINER'S NAME (TYPE OR PRINT)	BENEDI	CT SKIT	ARELIC		ADDRESSC	UMBERLA	ND. MD			
1	23a.Bl	JRIAL, CREMATION, REMO			23c. NAME OF C			23d, LOC				
	(5	Burial		23,80			ial Park			COU		STATE and
1	24. FL	INERAL DIRECTOR	INOA			Decatu		ATE REC'D MY	mberland	BEGISTRAL	any Mary	Tario
	42	NAME	There are	ADDRESS	, ,		1 30	147	19 2 4 19	00	and his	Cready
1	31	lcox-Merritt	runer	ar Serv	ice.cump	er.Taud	DM		Albert Co.	The second second		

. L. E. U. S. Principal of the state of the the most works that the profite and when the business alizzi er viter cov also call 1724-4-122 bold real grant and condent a grant for a market post of the control of the contr hit ometinders at Proof I hammed the Person wood fire

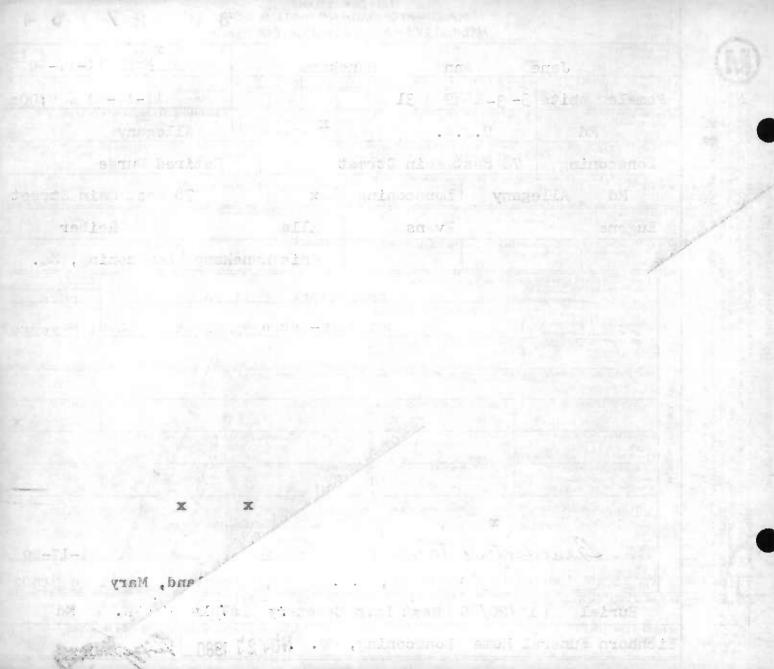
of the same	6	1-	FOR STATE REGISTRAR		DEPARTA	STATE OF M MENT OF HEALTH CERTIFICATE	AND MENTAL HY	GIENE 8 0	2	7	6 1
1		1. DEC	OR ROINIT!		MIDDLE	LAST		2e. DATE OF DEATH	MONTH DAY		26. HOUR
NA 3	eath		MA	RGARET N	AE	GRAF			11 07	80	7:30 PM
	r, pa	3 SEX		4 RACE		5 DATE OF BIRTH	OAY YEAR	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
age	rs af		Female	Whit	te	01	08 88	9:	2 YRS		
Geetlin. P	n 72 hou	C	RTHPLACE (STATE OR FOREK SUNTRY) Canada	U.SA		WIDOWED	EVER MARRIED DIVORCED		any Cou	intv	MD.
ros ours after	by the fuel within	10 CI	Frostburg	Frost	HOSPITAL, NURSIN	age Nursi	ng Home	IZE USUAL OCCUPATE ITYPE OF WORK FOR MOST O Housewife	F WORKING LIFE!	126 KIND OF	F BUSINESS OR
LAND 212 ithin 24 ho	should be filled in		ALRESIDENCE (# NURSING TATE 13b Maryland THER'S NAME	nome or other institution, COUNTY Allegany	GIVE RESIDENCE REFORE 13c. CITY OR TOW Frostb	urg YES	SIDE CITY LIMITS?	One Kaylo	r Circl		
ARY ed w	on am i	14.17	FIRST	MIDDLE	LAST		FIR5T	MIDDLE		LAST	
E, M	comple and 2	Iáo V	William (AS DECEASED EVER IN I	IS ARMED FORCES?	Dickie		Margare ORMANT	ADDRE	SS	Cor	vper
O e ex	Pages 1	(1		YES, GIVE WAR OR DATES)	001-36	21.00					
LTIA ate k	ysician and pers. Pages oval. event, the		IN CAUSE OF DEATH (E				s. Nelsor	Guild, Fras	thurg	Mo	MATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 IDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour strending physician.	igned by the attendinglesse remove carb hourial, cremation, o injury, or other trau			ote the ost.	R AS A CONSEQUE R AS A CONSEQUE DUTRIBUTING TO D	NCE OF	te la ELATEDIO THE TER	eart Dis	DITION GIVEN	IN PART I(o	n
NI RECORDS	s been s nit. The prior to ws any	CERTIFICATION	OV Jame	N 196 CONDI	ITION FOR WHICH	OPERATION WAS	PERFORMED	200 AUTOPSY?	206. IF YES, V IN CERTIFYIN	WERE FINDIN	IGS USED OF DEATH?
SION OF VITA	this certificate ha urial-transit perm Mental Hygiene 3 or Item 18 sho		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUR A.	M. MONTH D		OW INJURY OCCU	RRED (ENTER NATURE OF INJUI	LY IN ITEM 18, PART	T I OR PART 2]	
DING Pt	After this s the burial th and Mer marked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ({at HOME, STR	OF INJURY REET, FACTORY, OFFICE, F		STREET	CITY OR TO	AM	COUNTY	STATE
CR ATTEN	DIRECTOR: hed for use a Dept. of Heal If Item 21 is		22a E certify that (1) (the sow the deceased a above, (1) (west/did)	hespital) ottended the flive on	property (9		, to, to	19 ote and hour a	and from the	
TAL OF	RAL DIR detached tate Dept		226 SIGNATURE	SI Jan	elhu	M. D	ATTENDING, PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF CIAN .	1/ / S	STSO.
O HOSP	TO FUNERAL DIRECT should be detached for with the State Dept. of IMPORTANT: If Item		S. L. Sa	ndhir	- 1	22e A	poress Frostb	urg. Marylar	nd.		
F 5		(3	URIAL, CREMATION, REA			NAME OF CEMETER	Y OR CREMATORY	236 LOCATION CITY OR TOWN		DUNTY	STATE
	HMH-16 25M	24 FL	remation	11/8/8		ennis Day	25e. DA	Smithsbutterec'd. By REGISTRAR V 17 1980	arg Md	A.C.	URE Apoling
(V	RA 15, 4) 1/79	L	afer Funera	1 Service	La Vale,	Md.	INU	A T 1 1200	/		





B C B Anno 2004 or memory of the principle of terral learning THE YEAR IN Southern American State Countries Countries naimor and variety by C TELLED in old a second of the second The direct is conier, be. I Maria Control of the Control of the

1	FOR	DEPARTMENT OF HEAL	TH AND MENTAL HYGIENS	0 271	6 4
n -	STATE REGISTRAR	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST	MIDDLE	LAST 20. D	ATE KNOWN MONTH DAY YEA	AR 26. HOUR
1	Jan		nekamp	OF ESTI- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	-80-
3 SE	X 4. RACE		JNDER 1 YR. IF UNDER 24 HRS. 2c.	DATE MONTH DAY YE	AR 2d. HOUR
I	Female White	3-3-1949 31 yrs.		DEAD 11-17-80 19	9:00a
7a. B	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	RIED W NEVER MARRIED . 9. BA	LTIMORE CITY OR COUNTY OF DEATH	
	Md	U.S.A. WIDO	WED DIVORCED	Allegany	MD
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR O	THER INSTITUTION 120. USUAL O	OCCUPATION (TYPE OF WORK 12b. KIND OF OR INDU	BUSINESS
	Lonaconing	78 East Main Stree	et Re	etired Nurse OR INDU	
USU. 13a. S	AL RESIDENCE (IF IN NURSING HOME OF TATE 13b. COUN	or other institution, give residence before admission) NTY Legany IJL CITY OR TOWN Lonaconing	13d. INSIDE CITY LIMITS? 13e STREET A	DDRESS TO THE TOTAL CO.	,
		egany Lonaconing		78 East Main S	treet
	Eugene	Evans Evans	EILA	Reiber	
160 \	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
			Onis Hanekar	mp Lonaconing,	Md.
	18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	nly ane cause per line far (a), (b), and (c).)		APPROXIM BETWEEN OF	AATE INTERVAL
		TE CAUSE (a) Resp.	ratory Failure	е Нои	rs
	3570	DUE TO, OR AS A CONSEQUENCE OF			
	Canditians, if any, which gave rise to immediate	(b) CRILL.	lain-Barre Syndi	rome about 6	years
	lying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
		(c)			
NO	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART 1 (a).		
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	WAS PERFORMED?	20 AUTOP	SY?
TIE				YES [NO X
	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	HOW INJURY OCCURRED (ENTER NATURE	OF INJURY IN ITEM 18 PART 1 OR PART 2)	
SAL	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M. 19			
MEDICAL	21d. INJURY OCCURRED WHILE IN NOT WHILE IN	21e PLACE OF INJURY (AT HOME, 211. L STREET, FACTORY, FARM, ETC.)	OCATION STREET CITY	OR TOWN COUNTY	STATE
~	WHILE NOT WHILE C				
	22a. I certify that I taak charg	ge af the remains described above, held an Auto	apsy , Inspection X, Inc	quiry X, and in my apinian	
		ral causes , Accident , Suicide			
	n		TITLE (SPECIFY)		
	SIGNATURE Dene	dict Sketarelie	M.D. Deputy MEDICAL	EXAMINER DATE SIGNED 11-1	7-80
	EN				
-	(TYPE OR PRINT) Ben	edict Skitarelic, M.		rland, Maryland	21502
23a.B	URIAL, CREMATION, REMOVAL 7 SPECIFY) Burial	236. DATE 23c. NAME OF CEMETERY	OR CREMATORY 23d LOCATION LANGUAGE	Te A. Mo	STATE
		11/20/80 Rest Lawn	, , , , , , , , , , , , , , , , , , ,		
	UNERAL DIRECTOR	al Homes Lonaconing		ISTRAR 256. REGISTRAR'S SIGNATURE	A TENT
ا. لنا	connorm runer	at home ponaconting	, WUY Z 1 19E	marga Marine	0



1-	FOR STATE REGISTRAR			DEPARTMENT OF DICAL EXAMIN		AND MENTAL		0	2 7	1 6	5
	CEASED NAMI	e FIRST George		MIDDLE Edward	Hei	ST	2e. D.	OF ESTI-	MONTH	.11.19 80	1 HOUS
I. SE	x Male	1. RACE White		905 TS	EARS IF UNDI	DAYS HOURS	R 24 HRS. 2c. E	DATE	нтиом	DAY YEAR 3, 19 80	3 HOUR
	SIRTHPLACE (S) PREIGN COUNTRY) ATYLANG	d	16. CITIZEN OF WE	A.	WIDOWED		CED XX	Allega	uny		MD
Cu	unberlas	nd,	314 1	PITAL, NURSING HOM CILITY GIVE STREET ADDRESS! NAEPENDENC VE RESIDENCE BEFORE ADMIS	e St.	INSTITUTION	Factor	working life	TYPE OF WORK	Underga	PV
130 S	ryland	Alle	gany	13. CITY OR TOWN	d, 13	d. INSIDE FITY LIMITS? YES NO	13e. STREET A	314 In	idepen	dence St	•
	John	D EVER IN U.S. ARM	MIDDLE C.	Heier 166 SOCIAL SECURI		Mary INFORMANT	DEN NAME	Ellen	ee Cu	Cavey	21502
()	NO, OR UNKNO	(IF YES, GIVE V	/AR OR DATES)	214-05-63		Mrs. Noru	ma June		55	# 8 Val	
	18 CAUSE O	ATH WAS CAUSED	BY: CAUSE (o)	far (o), (b), ond (c).)		ORONARY (OCCLUSIO	N		APPROXIMATI BETWEEN ONCE	E INTERVAL
	gove ri	ns, if ony, which	(b)	AS A CONSEQUENCE		CORONAR	y SCLERO	SIS,		an an an	
	lying cau		(c)	AS A CONSEQUENCE							
NOI				BUT NOT RELATED 10 THE TER			PAR1 1 (a).				
CERTIFICATION	19a, DATE OF			TION FOR WHICH OPE						20. AUTOPSY	NOXX
MEDICAL CE	UNDERLYING	NG CAUSE OF D	EATH P.M	. MONTH DAY YEA	IR .	/ INJURY OCCURR	RED (ENTER NATURE	OF INJURY IN ITEM	18 PART 1 OR PA	ART 2)	
MED	21d. INJURY C	NOT WHILE AT WORK	STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LOCA STRE			OR TOWN	co	DUNTY	STATE
	22a. I certif		af the remains des	cribed abave, held an	Autopsy	Inspection	Undetermine		ond in my a	pinian	
	ACTUAL SIGNATURE	Rome	list &	kitarele	e M.D.	TITLE (SPECIFY) Deputy	MEDICAL E	XAMINER	DATE	11/13/	80
1	EXAMINER'S (TYPE OR PRIN	NAME Bene	dict Ski	tarelic, M.	. D. AD	Rt.		to. Pik	e, Cun	nberland,	Md.
(SPECIFY) Buria UNERAL DIRECT		1/15/80	236. NAME OF CE Hillcred	METERY OR C t Buri 21502	ial Park,	23d. LOCATION CUMB COMPONENTS	iland, A		iny Mary	Cand

Months and Addition of the Control o	Taga iz	integrated and a	Venescoa.	o har furnit Anni so kniji Turn tarati
Fraction source, Indestruction of the Landson of the Control of th	Taga iz	integressione Tressections	-ic Vengalia	Dark redraid
The Telephonesis Constitution of the Constitut	Taggi az Artua Merel az Si vak inbo	Theodol of the light of the lig	Venescoa.	* herstered
Constant Con	terni			
THE TOWNS OF THE VARIETY OF THE PARTY OF THE	ot was sales factors of			
THE TOWNS OF THE VARIETY OF THE PARTY OF THE	ot was sales factors of			
SCENOSIS,				
SCENOSIS,				
05/51/11	La ben 3		300 188	Section 1
P. Harriston, Carlina Edition 19	-	of Marchite, M. D.	2 tablems	
luminal mayout , be stoned				

	1	FOR	200.00	STATE OF MARYLAND	9 0 0	7 1 /
	1	STATE REGISTRAR	DEPAK	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	/ 10
		CEASED NAME FIRST	WIDDLE	LAST		PAY YEAR 26 HOUR
be set 3	(TYF	HERMA	AN H.	HOTT	NOVEMBER 28,1	980 9:20
OE PAR	3 SE	X	4. RACE	5. DATE OF BIRTH		IF UNDER TYEAR IF UNDER 24 H
S F IN	1	Male	White	00°t" 14, °1'898"	82 YRS.	NONTHS DAYS HOURS N
Po S	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED A NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
uneral un 72 at on		est Virginia	U.S.A.	WIDOWED DIVORCED		eny
by the filled with		JMBERLAND	MEMORY ALCOH	SPTTAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Carpenter	12b. KIND OF BUSINESS INDUSTRY Construc
to din	130	STATE 136 COU		WN 113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
filled hould be	_		leghenyCumber	rland YES XX NO [211 Cent:	ral Avenue
within within all 2 sh	14. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NO		LAST
ted and		Kirk	Hott	Edith		Abrell
0 m 0		WAS DECEASED EVER IN U.S. AF [YES, NO OR UNKNOWN] (IF YES, GI	VE WAR OR DATES!			tral Ave.
		No	232-26	-4679 Lola K. H	lott Cumberl	
sicion pers.		18 CAUSE OF DEATH (Enter o	nly one couse per lue for (a), (b), c ED BY:	ind (c).)		APPROXIMATE INTERVA BETWEEN ONSET AND DE
n phy mon wen			TE CAUSE (a) Carrior	ne lett lalore	with Approveding	2
r. r.e		1533 MMEDIA			ALL	
e co		Con Nilson	DUE TO, OR AS A CONSEQU	UENCE OF U		
a de		Conditions, if any, which gave rise to immediate	(b)			
the rem		cause (a), stating the	DUE TO, OR AS A CONSEO	UENCE OF		
that d by eose al, cr		underlying cause last.	(c)			
requires on signed Then pl or to buri	CERTIFICATION	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	EN IN PART I(0)
ow remit. Been prior ony is	S	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	206 AUTOPSY? 20b. IF YES,	, WERE FINDINGS USED YING CAUSES OF DEATH?
has has	4		Julestin	obstruction		NO [
hysicide icate ransit Hygid Hygid	W W	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	
	40	OR CONTRIBUTING CAUSE OF DE				
HYSICIA ding pl is certif burial-t Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	21f LOCATION		
	MEC		(AT HOME STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
or atter After II e as the olth and marked	10	AT WORK NOT WHILE AT WORK				
Leaf a se			ital) attended the deceased from	(.)		19 <u>50</u> , that (I) (we)
Pite for for 12		sow the deceased alive or obove. (1) (weet (diet) (did no	n No 2 9 19	ond that in (my) (pur) opinion	death occurred on the date and hour	and from the causes states
OR A DIREC DIREC Dept.		22b. SIGNATORE	P 1	DEGREE		221. DATE SIGNED
, _ , _ , _ ,		action	Drussey an	ATTENDING	STAFF DIRECTOR PHYSICIAN	11-29-80
ro HOSPITAL etained by the TO FUNERAL should be det with the State	+	22d. PHYSICIAN'S NAME (TYPE	~ 700	PHISICIAN	DECATUR STREET	111 21-0-
OSPIT ned by UNER Id be the Str						F 0 0
o HOSPITA		DR. CARLIC	N BRINSFIELD	CUME	BERLAND, MD. 21	502
5 a 5 4 3 8	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	2011
BP		Burial	12/1/80	Augusta Cemeter		pshire W.
	24 F	UNERAL DIRECTOR			TE REC'D. BY REGISTRAR 256. REGISTA	
OHMH-16 30M 2/80 (VRA 15, 4)	1	NAME \ D	DORESS			my/Mc Crody
(**************************************		1000001	VOAL HILL	anota 11.11cm		

england forther first one frame Dines will bestra . av. a derivative acatale desarter and the contract laigue

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 26. HOUR I. DECEASED NAME (TYPE OR PRINT) 80 STONEY BROOKS HOUDERSHELDT 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS 3 SEX 4 RACE 5 DATE OF BIRTH 39 MALE WHITE BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVERMARRIED West Virginia USA ALLEGANY COUNTY DIVORCED T WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR Dry Wall Contractor Self. Emp. CUMBERLAND. MD USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 1136 COUNTY 1137 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MINERAL WILEY FORD WVA YES K none NO [15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST Walter Houdersheldt Nina Sachs 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Leona Houdersheldt, Wiley Ford, W. Va. Wife 1963 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 raun Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 200 AUTOPSY? 206, IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO I NOF YES [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE WHILE 22a.1 certify that (1) (this haspital) attended the deceased from and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated (did not) view the body after death 226 SIGNATORE 22c. DATE SIGNED DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT)

DHMH - 16 25M

(VR A 15 (4)) 9/74

230 BURIAL CREMATION, REMOVAL 23b. DATE Burial 11-16-1980

24 FUNERAL DIRECTOR

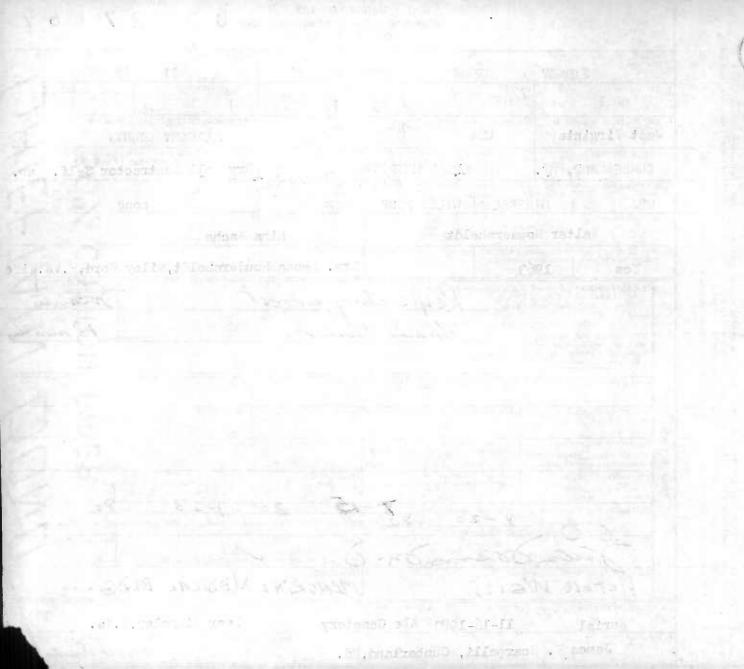
23c. NAME OF CEMETERY OR CREMATORY Abe Cemetery

STATE

MEMORIAL MEDICAL BLDG -

Near Ridgeley, W.Va. 250 DAJE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

James F. Scarpelli. Cumberland. Md.



_	1.	FOR - STATE REGISTRAR		DEPARTI		ICATE OF DEATH	REG. N	0.	1 0
(M)		CEASED NAME FIRST RODE	ert	MIDDLE		hnson	20. DATE OF DEATH 11/24/80		26 HOUR 2:30
rs off	3. SE		4 RACE White			PERTH YEAR YEAR	6 AGE (IN YEARS LAST BIR		DER I YEAR IF UNDER 24
nerol dire		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	F WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY OF Allegany		EATH
by the fu		Frostburg. Md.	Frost	burg Comm	unity	Hebpital	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST OF LABORER	OF WORKING LIFE) IN	L KIND OF BUSINES DUSTRY RICK YAR
uld be in			PROTHER INSTITUTION	N. GIVE RESIDENCE BEFORE 13c. CITY OR TOW Frosth		134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 27 Frost	Village	
Cognine		GEORGE	méstrui	JOHNSON		MAR TON	ME SECHE	RIC	GLËMAN
Pages	160.	YES 4/2	29/48 3/ 5 7-	213-24-	5475	J Mallery F	rostburg Co	30.7	Hospital
papers papers noval ent, the		18. CAUSE OF DEATH Enter of PART I, DEATH WAS CAUS	only one couse pr ED BY: ATE CAUSE to)	or line for usit the M	Maria	entil 2	1.2	F	PARSONALTE HITERU.
y the otherdi- cremation, or other traumati		Conditions, if any, which gave rise to immediate cause to stating the underlying couse lost	DUE TO, C	OR AS A CONSEQUE					
Then plea to burial	NO	PART 2 OTHER SIGNIFICANT	_				INAL DISEASE OR CON	IDITION GIVEN IN	PART 1(o)
the has been as the has been as the has been given brion shows only in the hard and a second as the hard and a second ase	CERTIFICATION	19a DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEI IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH
ertificate inf-transimital Hyginem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A	OF INJURY A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 C	PRPART 2)
s the bur s ond Me rked or H	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY TREET, FACTORY, OFFICE, F	ARM ETCT	21f LOCATION STREET	CITY OR TO	OWN C	OUNTY STA
TOR: At for use a of Healtl		22a 1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did n	n. 11-	24 198		od that in (my) (our) opinian	, ta	ote and hour and	, 11101 (1) (111
RAL DIREC detached tote Dept. NT: If Item	j.	22b. SIGNATURE	Wolf	JEW W	0		MEDICAL STA	FF	11/25/3D
should be det with the Stote		22d. PHYSICIAN'S NAME (TYPE					Frostburg.	MD.	
D		BURIAL, CREMATION, REMOVA	23b. DATE	- 10		EMETERY OR CREMATORY BURG MEM. PI	FROSTBUI	RG' ATT	CAND MI
4-16 30M 2/80 /RA 15, 4)	24 F	OWERS FUNER	Mou	es/ 60	W.	MAIN ST 250 DE	ERE40. BY 1980 AR	15 feetigraing	The same

| Item 5 g550 12/29/80 gj

1- 40/45/21 445- 41-45 UNASATE I PRODUCT I AZU CHAJYEAM Allerany frostlying a Village Village lar. L. Collecter BURIND 11/27/EO FROSTRICA ... FROM D. J. D SOWERS FUNDERAL HOME. PRODUCTIONS within 24 hours after

executed

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital or ottending physician.

BP. DHMH - 16 60M 1/75 (VR A 15 (4))

1-	FOR STATE REGISTRAR		TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		7 1	6
	EASED NAME FIRST George	C. JC	nes	AST	20 DATE OF DEATH	11-1-		3:5
3 SEX	Male	4 RACE White	5 DATE C		6 AGE LINYEARS LAST BIR	YRS	UNDER 1 YEAR	IF UNDER
55 col	THPLACE (STATE OR FOREIGN UNTRY) Aryland Y OR TOWN OF DEATH	7b CITIZEN OF WHAT COUNTRY USA 11. NAME OF HOSPITAL, NURS	MARRIEI WIDOWE		9. BALTIMORE CITY C Allegany	ION	12b KIND OF	BUSINE
USUAL		Allegany Count	ty Nurs			ainter	Contr	acti
13a ST	Md. All. HER'S NAME FIRST	egany Cumber]		134 INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NAME FIRST	WE	addock	Road	
0 16a W/	William AS DECEASED EVER IN U.S. AF S, NO OR UNKNOWN) (#YES, GN NO		CURITY NO.	Mrs. Lorett	ADDR			W11
NO NO	gove rise to immediate cause (o), stating the underlying couse last. PART 2. OTHER SIGNIFICANT AMALIA 9a DATE OF OPERATION	DUE TO, OR AS A CONSEOUR. ICO CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHILE	DEATH BUT	aux Hx= 4.7	The Han	T DAS	WERE FINDING NG CAUSES	A'8
- 1	21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	YES		NO [
arked o	WHILE OCT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		10-21 to 80	CITY OR TO	wN	COUNTY	ST
n 21 is	sow the deceased alive or	ottol) attended the deceased from 19 21) view the body after death.	80_, or	nd that in (my) (our) opinion of	, to, death occurred on the c	lote and hour		
± ± ±	22d. PHYSICIAN'S NAME (TYPE O	R JOSP EK	1 %	AHENDING	MEDICAL STA	CIAN [11 2	-
23a BU	John A. JRIAL, CREMATION, REMOVAI Burial			Hyndman , EMETERY OR CREMATORY WN Memoiral Pa	Pa. 15		OUNTY	M a
24. FUN	NERAL DIRECTOR	Scarpelli, Cumb		25a DATI	E REC'D. BY REGISTRAR	Le, All 25b. REGISTR		Md •

2 6						
West of-						
				Control of		
	er für	194 E 5		40.13		
2 2 11						
		The state		Ventural .		
		VJ/1	Alleganor .	March.	AMEN 7	

		REGISTRAR		CEKII	FICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	WIDDLE	U	tast	20. DATE OF DEATH MON	VIH DAY YEAR 2
	3. SE	MARTH	4. RACE	/\L	OF BIRTH	AGE (IN YEARS LAST BIRTHDA	25 /980 B
	J. JE	FEMALE	CAUCASI		b. 14, 1888		MONTHS DAYS
2	7a. B		76 CITIZEN OF WHAT CO	OUNTRY? 8		92 9 BALTIMORE CITY OR CO	OUNTY OF DEATH
5		Pennaylvania	U.S.A.	MARRI	ED NEVER MARRIED	Allegany	
20	10 C	ITY OR TOWN OF DEATH		L, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	DRKING LIFE) 12b. KIND OF
0		Cumberland	NURSING +C	ONVALECE		Housewife	Own H
72	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	TY 13c. CITY	ORTOWN	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	
0	14.5		egany Cu	mberland	YES X NO 1	206 E. For	irth St.
11	15. F7	ATHER'S NAME FIRST AMOS B	Stoner	LAST	FIRST	aline nmn	LAST
1	16a. V	WAS DECEASED EVER IN U.S. ARA		CIAL SECURITY NO.	17. INFORMANT	ADDRESS	
/	{	YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)		Mr. Elmer S	. Keller, Cum	mberland, Md
		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), and (c).)		2012-11-2	APPROXIMA BETWEEN ON
				and the same of th	W D	No.	
		IMMEDIATI		0 465	- HCVI	7	254
	31		E CAUSE 19	0 1/4%	- ACVD		254
		4392 IMMEDIATI		0 1/4%	E HEART	FAILURE)	25 mg
		MMEDIATI 4393 Conditions, if ony, which gove rise to immediate	DUE (O, OR AS A C	ONSEQUENCE OF	E HEART	FAILURE)	
		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A C	ONSEQUENCE OF	- HEART	FAILURE)	
		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE (O, OR AS A C	ONSEQUENCE OF ONSEQUENCE OF			18
	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE (O, OR AS A C	ONSEQUENCE OF ONSEQUENCE OF			18 A
	CATION	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A C	ONSEQUENCE OF ONSEQUENCE OF TING TO DEATH BU		MINAL DISEASE OR CONDITION 1200 AUTOPSY? 120	ON GIVEN IN PART 1(0)
0	TIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stoffing the underlying couse lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A C	ONSEQUENCE OF ONSEQUENCE OF TING TO DEATH BU	T NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION 20a AUTOPSY? 20 IN	ON GIVEN IN PART 1(0) IF YES, WERE FINDING CERTIFYING CAUSES O
9	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A C ONDITIONS CONTRIBU 196 CONDITION FO 216. TIME OF INJURY	ONSEQUENCE OF TING TO DEATH BU OR WHICH OPERATIO	T NOT RELATED TO THE TERM ON WAS PERFORMED 210. HOW INJURY OCCUR	20a AUTOPSY? 20 IN	ON GIVEN IN PART 1(0) B. IF YES, WERE FINDING CERTIFYING CAUSES O YES
39	AL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stoffing the underlying couse lost. PART 2. OTHER SIGNIFICANT C 19a DATE OF OPERATION NONE 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	DUE TO, OR AS A CONTRIBUTION OF CONDITION FOR THE HOUR A.M. MC	ONSEQUENCE OF TING TO DEATH BU OR WHICH OPERATION ONTH DAY YEAR	T NOT RELATED TO THE TERM ON WAS PERFORMED 210. HOW INJURY OCCUR	200 AUTOPSY? 20 IN	ON GIVEN IN PART 1(0) b. IF YES, WERE FINDING I CERTIFYING CAUSES O YES
39		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT COUNTY OF THE COUNTY	DUE TO, OR AS A CONTRIBUTION OF CONDITION FOR THE HOUR A.M. MC	ONSEQUENCE OF TING TO DEATH BU OR WHICH OPERATION ONTH DAY YEAR 19	ON WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION	200 AUTOPSY? 20 IN YES NO 22 RED (ENTER NATURE OF INJURY IN	ON GIVEN IN PART 1(0) b. IF YES, WERE FINDING I CERTIFYING CAUSES O YES ITEM 18 PART 1 OR PART 2)
39	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stoling the underlying couse lost. PART 2. OTHER SIGNIFICANT C 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINEB) 21d. INJURY OCCURRED	DUE TO, OR AS A C ONDITIONS CONTRIBU 196 CONDITION FO 116 HOUR A.M. MC P.M.	ONSEQUENCE OF TING TO DEATH BU OR WHICH OPERATION ONTH DAY YEAR 19	ON WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY? 20 IN	ON GIVEN IN PART 1(0) b. IF YES, WERE FINDING I CERTIFYING CAUSES O YES
39		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT C 19a DATE OF OPERATION LIFETIMER, NOTIFY MEDICAL EXAMINESS 21d. INJURY OCCURRED WHILE NOT WHILE IN NOTIFY MEDICAL EXAMINESS	DUE TO, OR AS A C (c) DUE TO, OR AS A C (c) ONDITIONS CONTRIBU 19b CONDITION FO 21b. TIME OF INJURY HOUR A.M. MC P.M. 21e. PLACE OF INJUI (14T HOME, STREET, FACTO ol) ottended the deceos	ONSEQUENCE OF TING TO DEATH BU ONTH DAY YEAR THY, OFFICE FARM, ETC.)	ON WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET	200 AUTOPSY? 20 IN YES NO 22 RED (ENTER NATURE OF INJURY IN	ON GIVEN IN PART 1(0) B. IF YES, WERE FINDING CERTIFYING CAUSES O YES ITEM 18 PART 1 OR PART 2) COUNTY
39		Conditions, if ony, which gove rise to immediate cause (a), stoling the underlying couse lost. PART 2. OTHER SIGNIFICANT C 19a DATE OF OPERATION PART 2. OTHER SIGNIFICANT C 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA LIFETHER. NOTIFY MEDICAL EXAMINEM 21d. INJURY OCCURRED WHILE ALL WORK ALL WORK ALL WORK ALL WORK 22a. Lertify that (I) (this hospit sow the deceased alive on.	DUE TO, OR AS A C (c) DUE TO, OR AS A C (c) ONDITIONS CONTRIBU 19b CONDITION FO 11b TIME OF INJURY HOUR A.M. MO P.M. 21b PLACE OF INJUI (AT HOME, STREET, FACTO ol) ottended the deceos	ONSEQUENCE OF TING TO DEATH BU ON WHICH OPERATION ONTH DAY YEAR THE STATE OF TH	ON WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET	200 AUTOPSY? 201 NO 25 NO V.	ON GIVEN IN PART 1(0) b. IF YES, WERE FINDING CERTIFYING CAUSES C YES ITEM 18. PART 1 OR PART 2) COUNTY 19.80 . th
39		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT C 19a DATE OF OPERATION WORLE CHIEF MEDICAL EXAMINES 21d. NOT WHIFE AT WORK NOT WHIFE AT WORK 22a.1 certify that (1) (this hospit	DUE TO, OR AS A C (c) DUE TO, OR AS A C (c) ONDITIONS CONTRIBU 19b CONDITION FO 11b TIME OF INJURY HOUR A.M. MO P.M. 21b PLACE OF INJUI (AT HOME, STREET, FACTO ol) ottended the deceos	ONSEQUENCE OF TING TO DEATH BU ON WHICH OPERATION ONTH DAY YEAR THE STATE OF TH	ON WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET	200 AUTOPSY? 201 NO 25 NO V.	ON GIVEN IN PART 1(0) b. IF YES, WERE FINDING I CERTIFYING CAUSES O YES COUNTY COUNTY 19 50 th
9		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT C 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COUSE OF DEA LIFETHER NOTIFY MEDICAL EXAMINESS 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (1) (this hospit sow the deceased alive on obove, (1) (we) (did) (did not on obove, (1) (we) (did) (did) (did)	DUE TO, OR AS A C (c) DUE TO, OR AS A C (c) ONDITIONS CONTRIBU 19b CONDITION FO 11b TIME OF INJURY HOUR A.M. MO P.M. 21b PLACE OF INJUI (AT HOME, STREET, FACTO ol) ottended the deceos	ONSEQUENCE OF TING TO DEATH BU OR WHICH OPERATION (NTH DAY YEAR RY, OFFICE FARM, ETC.) ed from Of J ath.	T NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET 2nd that in (my) (our) opinion DEGREE ATTENDING	20a AUTOPSY? 20 IN YES NO 20 NO TOWN CITY OR TOWN death occurred on the date of MEDICAL STAFF	ON GIVEN IN PART 1(0) IF YES, WERE FINDING CERTIFYING CAUSES O YES COUNTY COUNTY 19.50 the ond hour and from the county of
39		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT C 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COUSE OF DEA LIFETHER NOTIFY MEDICAL EXAMINESS 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (1) (this hospit sow the deceased alive on obove, (1) (we) (did) (did not on obove, (1) (we) (did) (did) (did)	DUE TO, OR AS A C (c) ONDITIONS CONTRIBU 19b CONDITION FO 19b CONDITION FO 19b CONDITION FO 21b. TIME OF INJURY HOUR A.M. MC P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTO ol) oftended the deceos 3	ONSEQUENCE OF TING TO DEATH BU OR WHICH OPERATION (NTH DAY YEAR RY, OFFICE FARM, ETC.) ed from Of J ath.	T NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET 2nd that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? 201 IN YES NO 22 NO VINCE OF INJURY IN CITY OR TOWN depth occurred on the date of MEDICAL STAFF DIRECTOR PHYSICIAN	ON GIVEN IN PART 1(0) IF YES, WERE FINDING CERTIFYING CAUSES O YES COUNTY COUNTY 19.50 the ond hour and from the county of
39		Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT C 19a DATE OF OPERATION WORLD 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA: (IF EITHER NOTIFY MEDICAL EXAMINES) 21d. IN JURY OCCURRED AT WORK 22a. I certify that (I) (this hospit sow the deceased alive on above, (I) (we) (did) (did not 22b. SIGNATURE) 22d. PHYSIQIAN'S NAME (TYPE OR	DUE TO, OR AS A C (c) DUE TO, OR AS A C (c) ONDITIONS CONTRIBU 196 CONDITION FO 196 CONDITION FO 196 CONDITION FO 198 CONDITION FO 199 CONDITION FO	ONSEQUENCE OF TING TO DEATH BU OR WHICH OPERATION ON THE DAY YEAR NOTH DAY YEAR NOTH DAY YEAR NOTH DAY YEAR 19 RY, OFFICE FARM, ETC.) ed from Of J ath.	T NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET Ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 6 22e ADDRESS	200 AUTOPSY? 20 IN YES NO D RED (ENTER NATURE OF INJURY IN CITY OR TOWN death occurred on the date of MEDICAL STAFF DIRECTOR PHYSICIAN	ON GIVEN IN PART 1(0) IF YES, WERE FINDING CERTIFYING CAUSES O YES COUNTY COUNTY 19.50 the ond hour and from the county of
39	MEDICAL	Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT C 19a DATE OF OPERATION WORLD 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA: (IF EITHER NOTIFY MEDICAL EXAMINES) 21d. IN JURY OCCURRED AT WORK 22a. I certify that (I) (this hospit sow the deceased alive on above, (I) (we) (did) (did not 22b. SIGNATURE) 22d. PHYSIQIAN'S NAME (TYPE OR	DUE TO, OR AS A C (c) ONDITIONS CONTRIBU 19b CONDITION FO 19b CONDITION FO 21b. TIME OF INJURY HOUR A.M. MC P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTO ol) oftended the deceos 3) view the body ofter dece	ONSEQUENCE OF TING TO DEATH BU OR WHICH OPERATION ONTH DAY YEAR 19 RY RY, OFFICE FARM, ETC.) ATH. 19 ONTH. 1	T NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET Ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 6 22e ADDRESS	200 AUTOPSY? 20 IN YES NO D RED (ENTER NATURE OF INJURY IN CITY OR TOWN death occurred on the date of MEDICAL STAFF DIRECTOR PHYSICIAN	ON GIVEN IN PART 1(0) IF YES, WERE FINDING CERTIFYING CAUSES O YES TEM 18 PART 1 OR PART 2) COUNTY 22c. DATE SI



e. W., TSW 2000 Community and Community and

Mr. Assr . Leller, Indecided, 14. Son

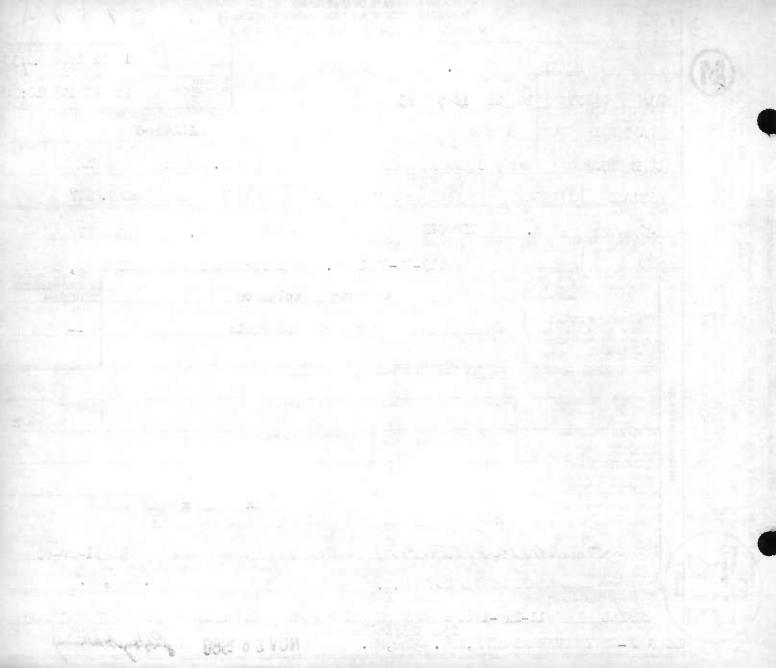
umiel 11-20-31 illeret de de la constant, de la constant de la con

sage for the line of the same there were the second of the s i co of third to more the some of UPSLIENTLES, P.O. . A DO THE WARRY STEEL SHOW TO SELECT LEADING TO SELECT LEADING THE SELECT LEADING TO SELECT MICHIGAN AND ADDRESS MICHIGAN AND ADDRESS

1 - STA			ME	DEPARTMENT DICAL EX						REG. NO	2 /		
	SED NAME Y Eli		Leydig	WIDDLE		LAST		20	OF DEATH	NOWN	MONTH	.12,8	0
3. SEX		4. RACE	DATE OF BIRTH	1896	GE (IN YEARS IF	UNDER 1 YR.	IF UNDER		DATE RONOUNG DEAD		MONTH	DAY YE	AR :
7a. BIRTH	PLACE (STANCOUNTRY)	ATE OR	76. CITIZEN OF W		8. MA	ARRIED NEV	VER MARRIE DIVORCE	FD I I	BALTIMO		R COUNT	Y OF DEATH	
100	ersli		II. NAME OF HO	SPITAL, NURSIN ACILITY, GIVE STREET NCE	G HOME, OR C	OTHER INSTITUT		120. USU A		ATION (TYPE		12b. KIND OF OR INDU	BUSI
T3a STAT			or other institution, outy		RE ADMISSION)	13d. INSIDE CI	TY LIMITS?	II. SPREE	TADDRES	s			
/ Sim	ER'S NAME FIRST		MIDDLE	Mul	1	15. MOTHE	R'S MAIDEI	N NAME	MID	DOLE		Kenn	el
	DECEASED O, OR UNKNOV	EVER IN U.S. AR	RMED FORCES? E WAR OR OATES)		SECURITY NO.	17. INFORM	MANT			ADDRESS			
	Condition	s, if any, which	1 4		ma 0.5	Preset	-					2.11	370
	gave risi couse (o) lying cous	e ta immediate stating the <u>under</u> e last. NIFICANT CONDITIONS	(b) U	arcino	UENCE OF			T 1 (e).				3-4	уе
	gave rist couse (a) lying cous RT 2 OTHER SIG 2. DATE OF	e to immediate stating the under e last. NIFICANT CONDITIONS	DUE TO, OI CONTRIBUTING TO DEATH	R AS A CONSEQ BUT NOT RELATED TO	THE TERMINAL DIS	SEASE OR CONDITION	4 GIVEN IN PAR MED?					20. AUTOP	SY?
CERTIFICATION 161	gave rise couse (a) lying cous RT 2 OTHER SIG	e to immediate stating the under e last. NIFICANT CONDITIONS OPERATION L CAUSE WAS OR IG CAUSE OF	CONTRIBUTING TO DEATH 19b. COND 21b. TIME CO HOUR A.A. P.A.	R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	O THE TERMINAL DIS	SEASE OR CONDITION WAS PERFORA HOW INJURY	4 GIVEN IN PAR MED?		TURE OF INJUR	RY IN ITEM)8 P	PART I OR PAI	20. AUTOP	SY?
EDICAL CERTIFICATION	gave rise couse (a) lying couse (b) lying couse (c). In the course of the couse of	e to immediate stating the under e last. NIFICANT CONDITIONS OPERATION L CAUSE WAS OR IG CAUSE OF	DUE TO, OI CONTRIBUTING TO DEATH 19b. COND 21b. TIME CO HOUR A.A. DEATH P.A. 21e PLACE	R AS A CONSEQUENT OF MALES TO THE SECOND OF	O THE TERMINAL DIS	SEASE OR CONDITION	4 GIVEN IN PAR MED?	AN RETME)	TURE OF INJUR			20. AUTOP	SY?
WEDICAL CERTIFICATION WEDICAL CERTIFICATION AND	gave risi couse (a) lying cous RT 2 OTHER SIG DATE OF (1) EXTERNAL DERLYING ONTRIBUTIN LINJURY O HILE WORK 22a. I certify eath resulte TUAL GNATURE AMINER'S N PE OR PRIN	operation CAUSE WAS OR COUNTY OPERATION CAUSE WAS OR COUNTY AT WORK of the I took chard of from: Noture	DUE TO, OI CONTRIBUTING TO DEATH 19b. COND 21b. TIME COND 21b. TIME COND 21c. PLACE STREET, FACT ge of the remoins de	R AS A CONSEQUENCE OF INJURY A. MONTH DA'A. MONTH DA'A. OF INJURY (AT CITORY, FARM, ETC.) scribed obove, h Accident Accident	O THE TERMINAL DISCHOPERATION Y YEAR 19 I HOME, 21t. Suicide	LOCATION STREET TOPS HOM INJURY LOCATION STREET TOPS HOMIC TITLE (SI	OCCURRED Inspection ide	Undeter MEDIC	Inquiry X mined man	N one	cou d in my op	20. AUTOP YES [ssy?

	A A STORY OF THE SAME			
			fore ment to the	
			San Contraction of the Contracti	
		16 18 18	traff .e min	
1forcm*			484.67	
		ni Latteria		
meals of state			No.1/42 Intent	
		Cennel . maderil	Lange To the years	

	FOR			DEPARTMENT OF	HEALTH	AND MENTAL	HYGIENEL ()	2	/ / /
'	 STATE REGISTR 	AR		DICAL EXAMI				REG. NO.	
	DECEASED			WIDDLE	l	AST	20. DATE KN	OWNX MONTH	DAY YEAR 2b.
1	TYPE OR PRINT)	HENRY		P.	LIPP	OLD	OF E	STI.	22 1980 10
3. 5	EX	4. RACE	5. DATE OF BIRTH	6. AGE (IN)	EARS IF UNE	DER 1 YR. IF UNDER	R 24 HRS. 2c. DATE	MONTH	DAY YEAR 2d.
1	MALE	WHITE	10 22	1887 : 93	YRS.	DAYS HOURS	MIN PRONOUNCE	D 11	22 , 198010
70	BIRTHPLAC	E (STATE OR	76. CITIZEN OF W	HAT COUNTRY?	12		1. BALTIMOR	E CITY OR COUN	
	FOREIGN COU	LAND	USA		WIDOWE	D NEVER MARK	A 2 T 1	LEGANY	
10.		OWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOA	AE, OR OTHE				12h KIND OF BUSINE
	CIIMB	ERLAND		CILITY, GIVE STREET ADDRESS RISTIE ROAL			FOR MOST OF WORKING RET FARM	CR.	OR INDUSTRY FARM
	UAL RESIDE	NCE (IF IN NURSING HOME	OR OTHER INSTITUTION, G	VE RESIDENCE BEFORE ADMIS	SION)				
	STATE VARYL	AND ALLE		CUMB ERLA	ND	34 INSIDE CITY LIMITS?	RT#9 CHRL	STIE ROA	D.CITY
14.	FATHER'S I	NAME	MIDDLE	LAST		15. MOTHER'S MAID	EN NAME	E	LAST
	JOSI		H. I	IPPOLD		REGIN			RIGHT
160	WAS DEC	EASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURI	TY NO.	17. INFORMANT	,	ADDRESS	
L	NO			213-22-	31,82	J. HOMER	LIPPOIDEEDE	ORD ROAD	CUMB. MD
	18 CAL	JSE OF DEATH (Enter on	ly one couse per line						APPROXIMATE INTEL
	PAR	T I DEATH WAS CAUSE	D BY: TE CAUSE (a)		Corona	rv Occlu	sion		Sudden
	14	100		AS A CONSEQUENCE	OF				
		nditions, if ony, which we rise to immediate	(b)		Coron	ary Scle	rosis		
	cou	ise (a) stating the under-		AS A CONSEQUENCE		J DOZO	. 0020		
	lyin	g cause lost.	(c)						
	PART 2 O	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION GIVEN IN P	ART 1 (o).		
Z									
	19a. DA	TE OF OPERATION	19b. CONDI	TION FOR WHICH OPE	RATION WA	S PERFORMED?			20. AUTOPSY?
7									YES NO
CEPTIFICATION	21a EXT	ERNAL CAUSE WAS	21b. TIME O		21c. HO	W INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR F	
		YING OR IBUTING CAUSE OF		MONTH DAY YEA	AR				
MEDICAL	21d. INJ	URY OCCURRED	21e PLACE	OF INJURY (AT HOME,	21f. LOC		. Tana i mo		
1 3	WHILE	RK NOT WHILE	STREET, FAC	FORY, FARM, ETC.)	STI	REET	CITY OR TOWN	C	OUNTY
							on X Inquiry K	1	
		I certify that I took chord			Autopsy				pinion
	deoth	resulted from: Natu	rol couses 🗶 ,	Accident , S	vicide	Homicide .	Undetermined manne	er L.	
	ACTUAL	B	1-160	4- /)	TITLE (SPECIFY)		DATE	77 00 0-
7	SIGNAT	URE X LLLE	WINK.	Marilie	M.[Deputy	MEDICAL EXAMINI	R SIGN	NED 11-22-80
4	EXAMIN	IER'S NAME						- CIM	R MD
-				PARELIC M.I			PRAINTMORE I	TKE COM	• UFT O
230	(SPECIFY)	EMATION, REMOVAL		23c. NAME OF CI			23d. LOCATION CITY OR TOWN		UNTY STATE
			11-24 -19	80 SUNSET 1	EMORIL	AL PARK	CUMBERLAND		NY MARYLAN
	FUNERAL I		ADDRESS	230 BALTI	LMORE	AVE 250. DATE	REC'D. BY REGISTRAR	bb. REGISTRAR'S	SIGNATURE
4	ASURE	STEIN FUN	SKAL HOME	,INC. CUMB	MD.	NOV	2 8 1980	holdent	Menny



4,111,000		FOR STATE			DEPARTMENT O	FHEALTH	AND MENTAL H	YGIENE	2	/ /	3
17.7		REGISTRAR		MEI	DICAL EXAMI	NER'S	CERTIFICATE O	F DEATH	REG. NO.		
		CEASED NAME	FIRST		WIDDLE		LAST	20. DATE KN	HINOM CLAWO	DAY YEAR	2b. HOURA
120	(146	OR PRINT)	JOSEI	PH	PAUL	1	MAFFLEY	OF E	ATED 11	7 19 80	7:30
7	3. SEX	4. RA		5 DATE OF BIRTH	6. AGE (IN	YEARS IF UN	DER 1 YR. IF UNDER		MONTH	DAY YEAR	24 HOUR
1	36	T.B.	4.5			YRS.	HS DAYS HOURS	MIN PRONOUNCE DEAD	רו	7 1980	7:30M
14	7 . BI	THPLACE (STATE OR	LLE	76. CITIZEN OF WH		10		9. BALTIMOR	ECITY OR COUN		17.
14		REIGH COUNTRY)		U.S	٨	WIDOW	IED NEVER MARRI			Alleg	2177
7	ID. CI	Y OR TOWN OF DE	ATH	11. NAME OF HOS	PITAL, NURSING HO	ME, OR OTH		120 USUAL OCCUPAT	ION (TYPE OF WORK	12b. KIND OF BL	JSINESS
1	0				CILITY, GIVE STREET ADDRES			FOR MOST OF WORKING		OR INDUST	
-	USUA			R OTHER INSTITUTION, GIV	VE RESIDENCE BEFORE ADM	ISSION)	4	Retired Ma	achinist	Railro	ad
2	13a S	-	Alle		Cumberla		13d. INSIDE CITY LIMITS? YES S NO	118 Reyno.	lde Stre	et	
		THER'S NAME	MITTE	gany	Competits	mu	15. MOTHER'S MAIDE		Lus Stre	EU	
H	17. 17	FIRST		MIDDLE	LAST		FIRST	MIDDL	ž.	LAST	
-	Ián V	John AS DECEASED EVE	PINIIS ADA	AED FORCES?	Maff]	EV NO	Anna 17 INFORMANT		ADDRESS 10	Maier	
1	(YI	S. NO, OR UNKNOWN)		WAR OR DATES)					10	S. Alleg	any St
		No			A-705-09	-9853	Mrs. Wild	la R. Dillo	A Cumi	berland,	
		PARTIDEATH	TH (Enter onl	y one couse per line BY:		DOLLADI				BETWEEN ONSE	T AND DEATH
		11.50	IMMEDIAT	E CAUSE (o)			Y OCCLUSION			SUDD	EN
		Conditions, if	any which	DUE TO, OR	AS A CONSEQUENC						
		gove rise to	immediate	(b)			DNARY SCLER	OSIS			
		couse (a) statis		DUE TO, OR	AS A CONSEQUENC	E OF					
				(c)							
	7	PART 2 OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE T	ERMINAL DISEAS	E OR CONDITION GIVEN IN PAI	RT 1 (a).			
	101		171011	1						To a company	
-	N N	190. DATE OF OPER	ATION	196. CONDIT	TION FOR WHICH OF	PERATION W	AS PERFORMED?			20. AUTOPSY	?
Xa	RTIF		105 11/16			Torris				YES 🗌	NO 🔀
and,	MEDICAL CERTIFICATION	210. EXTERNAL CA		21b. TIME OF HOUR A.M	MONTH DAY YE		OW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR P	ART 2)	
2	ICA	CONTRIBUTING	CAUSE OF D								
	AED	21d. INJURY OCCU	RRED		OF INJURY (AT HOME, ORY, FARM, ETC.)		STREET	CITY OR TOWN	C.	OUNTY	STATE
	*	WHILE NO	WORK	1							
				e of the remoins desi	cribed obove, held as	Autap	sy , Inspection	n X. Inquiry X	and in my o	pinian	
		death resulted fro	_	al couses K		Suicide	Homicide .	Undetermined monne		,	
		/	7	()	TITLE (SPECIFY)				
		ACTUAL SIGNATURE	2400	Pretol	estarel	N La	Deputy	MEDICAL EXAMINI	DATE SIGN	Nov 7	.1980
7		SIGNATORE				"		MEDICAL EXAMINI	.K 3101K	· EU	
9	-	EXAMINER'S NAM	BENI	EDICT SKIT	PARELIC		ADDRESS CUME	ERLAND, MAI	RYLAND		
-	23a.B	JRIAL, CREMATION			23c. NAME OF	CEMETERY C		23d, LOCATION			
	- (3	Burial		Nov 10.19			urial Park	Cumberla			TATE Chand
	24 F	INERAL DIRECTOR	1		I.OI. T	ecatu		ETOZBY KEJOZIK	1 MEGETTINE		Taild
	G2	NAME	it.t. 17	ADDRESS	vice.Cumbe			12 1000	/	\	
	31	rcox-Merr.	LOO PU	Heral Ser	ATCE . COMIDE	T TGILL	PIG			1	

STATE OF MAKTLAND

Men I Take I C S. S. Carlo and March Street From the court will be in the profession of the court of the c Managara will be said as a life in the land AND THE RESIDENCE OF THE PARTY. THE PERSON THE PERSON CANCEL AND STATE

V	1 -	FOR • STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 7 1 7 6 CERTIFICATE OF DEATH REG. NO.							
		CEASED NAME FIRST	WIDDLE			AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
K);		ALICE			MART		NOVEMB	- /	1980	11:50RM
(MA)	3. SE	_	4. RACE		5. DATE C		6. AGE (IN YEARS LAST E	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
(IA)		Female	White		Jan		53	YRS.		1
deoth. Parent in 72 viole.	H	RTHPLACE (STATE OR FOREIGN COUNTRY)	Dutch	mnd	WIDOWE			EGANY	COUNTY,	MD.
by the fune filed within		Cumberland	(IF NOT IN SUCH FACIL	ITY, GIVE STREET	ADDRESS)	SPITAL	12a USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING LI		F BUSINESS OR
24 hou fulled in ould be must be	Gr			ESIDENCE BEFORE CITY OR TOW Cantsy		134. INSIDE CITY LIMITS? YES MO 🗌	13e. STREET ADDRESS PO Box 28			
within within all a shind 2 shind 2 shind 2 shind 3	14. FA	ATHER'S NAME FIRST	MIDOLE	LAST		15. MOTHER'S MAIDEN NA/ FIRST	WIDDLE		LAS	
complet 1 and 2 lexon	14- 1	VAS DECEASED EVER IN U.S. AR		Hooft SOCIAL SECU	DITY NO	Frederieka	ADD	DECC	Viss	scher
n and ce Pages I		YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATEST							
certificate be ng physician o banpapers. P. removal.	-	NO 18 CAUSE OF DEATH (Enter or		23-34-(Blake C. Mar	tin sar	ne as a	APPROXI	MATE INTERVAL ONSET AND DEATH
equires that the death ce n signed by the attendin Then please remove carb to burial, cremation, or injury, or other traumatic	NO	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT of	DUE TO, OR AS A CONSEQUENCE OF (b) Me + as + active Ce F DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE				O (~ M.LO		VEN IN PART 110	יי
he low range. hos been prior ows ony	CAL CERTIFICATION	19g. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION			N WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDING IN CERTIFYING CAUSES C			
rySiCIAN: The ding physicio physicio certificale buviol-transit Mental Hygie rr frem 18 sho		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE.	HOUR A.M. P.M.	MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18,	PART (OR PART 2)	
G PHY er this s the bu ond M	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IN (AT HOME STREET, FA		ARM, ETC)	21f. LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
ATTEN spirol CTOR: for us of He		22a.l certify that (I) (this hasp sow the deceased alive an above, (I) (we) (did) (did no	11-17	19_5	, 0	nd that in (my) (aur) apinian	, to	dote and hav	or and from the	
SPITAL OR AT d by the hosp NERAL DIRECT be detached fi e State Dept. or TANT: If them 2		77% SIGNATURE	nole	aun	a	/	MEDICAL ST	AFF ICIAN 🗌	22c. DATE	SIGNED (8-80
TO HOSPITAL etoined by the TO FUNERAL should be detained the Store with the Store		JOHN N. MEH	ANNA			909-B SETON		MBERLA	ND, MD.	21502
BP		BURIAL, CREMATION, REMOVAL	11/18/80	D D	ehnis	Davis	Smithsbu		hington	Md.
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME HAFER FUNI	ERAL HOME	130 LAV	2 NAT	IONAL HIGHWAY D. 21502 NO	21 1980	R 25h 955	May Seel	Heady

发展的 and the second s The most allower programmers of the contraction of THE RESEARCH SEE LANGE TO SEE AND SEE LANGE STATE OF SECOND SECON

	FOR 1 - STATE REGISTRAR	DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 0 2	7 1	77			
	1. DECEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR			
	MARGARE	T MARIE	MCK	ENZIE	NOVEMBER 13,	1980	4:45 PM			
	Female Female	White	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY) 89 YRS.	MONTHS DAYS	IF UNDER 24 HRS			
5	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) West Virginia	76 CITIZEN OF WHAT COUNTRY	WIDOWE		ALLEGANY, COU					
2	Cumberland				120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE Own Home					
5	130 STATE 136 COU		WN	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 348 Williams	St.				
/	14 FATHER'S NAME FIRST Michae	L Higgins		15. MOTHER'S MAIDEN NA	ry A. Bowler	LAST				
	160. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (1F YES, G	RMED FORCES? IVE WAR OR DATES)	OCIAL SECURITY NO. 17. INFORMANT ADDRESS Mrs, Kathleen Stakem, Cumberland, Daughter							
	PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOL (b) MALCE DUE TO, OR AS A CONSEOL (c)	UENCE OF UENCE OF	Sjames tous le	sifict. yell of ly of blidde MINAL DISEASE OR CONDITION GIV	APPROXI BET WEEN C	MATÉ INTÉRVAI INSEI AND DEATH			
7	19a DATE OF OPERATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO								

210. ACCIDENT WAS UNDERLYING HOUR A.M. HTMOM DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY

236. DATE

STREET AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

CITY OR TOWN

COUNTY

STATE

STATE

62 22a 1 certify that (1) (this hospital) attended the deceased from saw the deceased plive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED 22b SIGNALUFF DEGREE

224 PHYSICIAN'S NAME (TYPE OF PRINT)

ATTENDING PHYSICIAN 22e. ADDRESS

St. Patricks Cemetery

MEDICAL STAFF

JOHN N. MEHANNA, M.D.

SCARPELLI FUNERAL HOME

231. NAME OF CEMETERY OR CREMATORY

909-B SETON DRIVE, CUMBERLAND, 21502 23d LOCATION
CITY OR TOWN
Cumberland

(SPECIFY)
Burial 24 FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL

11-15-1980

108 VIRGINIA AVE. 250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE CUMBERLAND. MD 21502

DHMH-16 30M 2/80 (VRA 15, 4)

BP

and Mental Hygiene prior

MPORTANT: If them 21 is marked or them 18

should be detached for use as with the State Dept. of Health

MEDICAL

more and almost

MARKET THE MARKET THE PARTY OF THE PARTY OF

Pintally Jan

id the collect the terminal that the billion to be

Michael Michae

Carried No. 1 to 100 1 to 100

ATTECHM GUILLA

TORIE OF COMPETENCE OF STATE O

AMERICAN CAMPANA PROCESS AND ADMINISTRATION OF THE PARTY OF THE PARTY

FOR 1 - STATE REGISTRAR	DE	STATE OF M PARTMENT OF HEALTH CERTIFICATE	AND MENTAL HY		2 7	178		
1. DECEASED NAME FIRST	MIDDLE	LAST		REG. NO		R 2b. HOUR		
(TYPE OR PRINT) RUTH	ESTELLA	MC LUCK	CIE	NOVEMBER	16. 1980	12:55P _M		
3 SEX	4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIR				
FEMALE	WHITE	NOV 1	L 1895	85		NTHS, DAYS HOURS MIN.		
Ja. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8		9 BALTIMORE CITY O	R COUNTY OF DEATH	1		
PA.	IISA	WIDOWED T	EVER MARRIED DIVORCED	ALLEGANY COUNTY,				
10. CITY OR TOWN OF DEATH CUMBERLAND	11. NAME OF HOSPITAL, N	JURSING HOME OR OTHE ESTREET ADDRESS! TAL				126. KIND OF BUSINESS OR		
USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 13b. COU	ROTHER INSTITUTION, GIVE RESIDENCE NTY 134. CITY O		SIDE CITY LIMITS?	13e STREET ADDRESS				
244		RLAND YES			RICK STREET	r		
14 FATHER'S NAME FIRST	MIDDLE LA	15. MC	THER'S MAIDEN NA			LAST		
JOHN E	DICK	EN .	LEDA		FI	SHUR		
16a WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIA	L SECURITY NO. 17' INF	ORMANT	ADDRE	55			
NO	220-4	8-5180 VII	GINIA McI	UCKIE 1814	FREDERICK S	ST CUMBERI		
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	neuroputny (G TO DEATH BUT NOT RE CHUICHT MU WHICH OPERATION WAS	PERFORMED	200 AUTOPSY?	DITION GIVEN IN PAR 206. IF YES, WERE FIN IN CERTIFYING CAU YES	IDINGS USED SES OF DEATH? NO		
	ATH HOUR A.M. MONT	H DAY YEAR	JW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART	2)		
OR CONTRIBUTING CAUSE OF DE CIFE EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK AT WORK	R) P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, (CATION	CITY OR TO	wn COUNTY	STATE		
220-1 certify that (I) (this hasp		from	. 19	, to	. 19	_, that (I) (we) lost		
sow the deceased alive or above, (I) (we) (did) (did no 22b. SIGNATURE	ot) view the body after death.	, and that i	n (my) (our) opinion	death occurred on the do		the causes stated ATE SIGNED		
-1/2	Mazzo	wo ms		MEDICAL STAF	E 11	18-80		
224 PHYSICIAN'S NAME (TYPE	Al		DDRESS					
VR.	MAZZOCCO	BM	G-912 SET	ON DR. CUMBI	ERLAND, MD.	21502		
230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	236. DATE	23c NAME OF CEMETER	Y OR CREMATORY CEMETERY	CUMBERTAN	ID ALLEGANY	MARYLAND		

SERVED AND DE LEGIONE TOURS TOURS TOURS The transfer of the same of th Break of violanto, or the second SILECT SAME OF THE BECAUSE ST. CHILL MAY 2 & 1930 - Aug. St.

The second secon Several as a series a series of a second of the contract of th - I will the last the todar J. Harvis, Pr. Lavers. D. Carroll. 1950

BP_______ DHMH-16 30M 2/80 (VRA 15, 4)

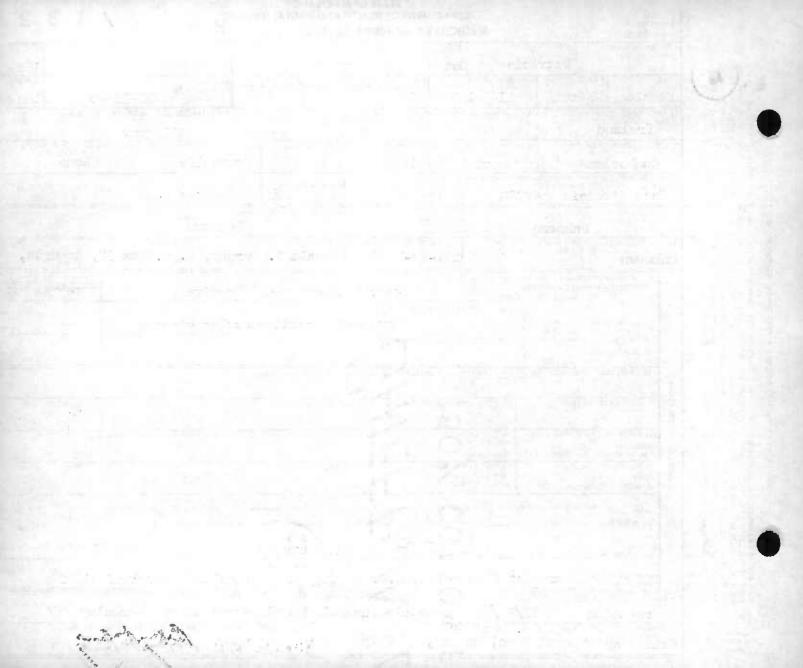
	1-	FOR STATE REGISTRAR		DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	HENE 8 0	2 7	Sept.	8 0
Н		CEASED NAME FIRST	MIDD	l€	1	AST	20 DATE OF DEATH	MONTH DAY	YEAR 2	b. HOUR
		ALLEN	NM	I		ORTON	NOVEMBER		980	7:10A
	3. SEX	Male	4 RACE Whi	te	5. DATE C	21/1907 YEAR	6 AGE (IN YEARS LAST BIR	YRS.		FUNDER 24 HRS
Z		RTHPLACE (STATE OR FOREIGN COUNTRY) Md	U.S.		MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O ALLEGANY	R COUNTY OF DE	ATH	M
1		Cumberland	11. NAME OF HOS (IF NOT IN SUCH FAI SACRED H	CILITY, GIVE STREET	ADDRESS)	R OTHER INSTITUTION	12a. USUAL OCCUPATION OF THE COLUMN STORESTON		KIND OF E	BUSINESS OF
5	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 13b, COUI	NTY 130		E ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 1	13e. STREET ADDRESS	3 State	Str	eet
0		Alex	MIDDLE	Morton	1	Virgini	MIOOLE	C	lise	
/		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166	SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE			
						Mrs.Allen	Morton	Lonacon		Md.
X	CERTIFICATION	PART 1. DEATH (Enter or PART 1. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (19) DATE OF OPERATION	DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONT (c) (c)	S A CONSEQUE	ENCE OF		INAL DISEASE OR CONI	206. IF YES, WERE IN CERTIFYING C	PART Hot	S USED F DEATH?
9	-	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.		AY YEAR	21c. HOW INJURY OCCUR				
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF I	NJURY FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO	wn co	KUNTY	STATE
		270 certify that (I) (this hasp saw the deceased alive an above. (I) (with ideal felial ne 270 SICN ATURE	11-20	1 19	0	d that in (my) (our) opinion of the control of the	death accurred on the do	ite and hour and f	rom the co	
1		22d. PHYSICIAN'S NAME (TYPE OF		1		22e. ADDRESS 912 SETON DR				
		BURIAL, CREMATION, REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATORY	734 LOCATION	, IT	2150.	STATE
		Burial	12/2/	80 M	lemor.	ial Park	Frosthy	RE PA	h	Md
		JNERAL DIRECTOR		ADDRESS	MAIN		ME LINE GISTUG	A RECOTRANS	MATOR	mondy
	E	CHORN FUNERAL	HOME	LONACO	NING.	MD				1

Ed Whenting to an all the standard by ige Teinier (1977) 1 (197 THE CONTRACT STATE OF THE CONTRACT OF THE CONT

						TE OF MARY				
	1 - 5	FOR STATE REGISTRAR			EPARTMENT OF				2 7	181
	1. DEC	EASED NAM			WIDDIE	LAST		20. DATE KNOWN		DAY YEAR 26 HO
			Frank		*	lundeno		DEATH MATED	DNOA.	3,80 14
	3. SEX	Male	White	Aug. 9	17 6 AGE (INY LAST BIRTHE	PAY) MONTHS DAY		PRONOUNCED DEAD	NOW.	3 19 80 4
1		RTHPLACE (S	TATE OR	76. CITIZEN OF WHA		& MARRIED X	NEVER MARRIED	9. BALTIMORE CIT		
2		Mary	land	U.S.A		WIDOWED -	DIVORCED [All	egany	
	I	rost	ourg	Frosth	TAL, NURSING HOM LUCY THE ROPRESS) OUT COMM	unity I	Iospital	OR MOST OF WORKING LIFE) Railroa		or industry Transpoi
	USUA 13a ST		(IF IN NURSING HOME OR 13b. COUNT	OTHER INSTITUTION GIVE	RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN FROSTOU	IT g 13d. INS	DE CITY LIMITS? 13e.	TREET ADDRESS	ia Lan	
	14 FA	THER'S NAME		WIDDLE	LAST		THER'S MAIDEN NA	ME MIDDLE		LAST
		Micha	ael		Mundeno		Susan			Paletta
ITEM 18. GIVE P LONG WITH FO PERMIT. PAGES GIENE, DIVISION	16a. W (YE:	AS DECEASE S, NO, OR UNKNO Yes	D EVER IN U.S. ARM	(AR OR DATES)	45 214-07	-5329	ormant ina Munde	30 Vi	ctoria	Lane
		FARTIDE Condition gave ri	ATH WAS CAUSED	DUE TO, OR A	Coronar S A CONSEQUENCE	of v Scler	usion	D.O.A.		APPROXULATE INTERVA BETWEEN ONSET AND DE Sudden
	NO	lying cau	use last.	(c)	T NOT RELATED TO THE TERM		ITION GIVEN IN PART 1 (a).			
ı	CATI	190. DATE OF	OPERATION	19b. CONDITIO	ON FOR WHICH OPE	RATION WAS PERF	ORMED?			20. AUTOPSY?
THE OF THE WORD PENDING. IN PENCIL IN DED TO THE CHIEF MEDICAL EXAMINER A E 3 SHOULD BE USED AS A BURIAL-TRANSIT E DEPARMENT OF HEATH AND MENTAL HY PRIOR TO BURAL, CREMATION, OR REMOVAL	U	UNDERLYING			NJURY MONTH DAY YEA	21c. HOW INJ	URY OCCURRED (EN	TER MATURE OF INJURY IN ITEM	A 18 PART T OR PART	YES NO
	ŏ	71d INTURY	NG CAUSE OF DI DCCURRED NOT WHILE AT WORK		INJURY (ATHOME, RY, FARM, ETC.)	21f. LOCATION STREET	ı	CITY OR TOWN	COUN	ATY STA
ECUTE THE CERTIFICATE, WR GE 4 SHOULD BE FORWAR FUNERAL DIRECTOR: PAG TER DEATH, WITH THE STATE LTMORE, MARYLAND, 21201			fy that I taak charge	of the remains described to the remains descri			Inspection III	, Inquiry K, determined manner	and in my apin	
	,	ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	NAME Ben TION,REMOVAL 23		itarelic	M,DADDRES	SS	LOCATION	DATE SIGNED	

... . 100 STATE STATE STATE Symptom basels felices this to goodson medicor and the first mag = unsq . All rene of the processors and the second of the second Covers Funeral Covers (Covers with Co.

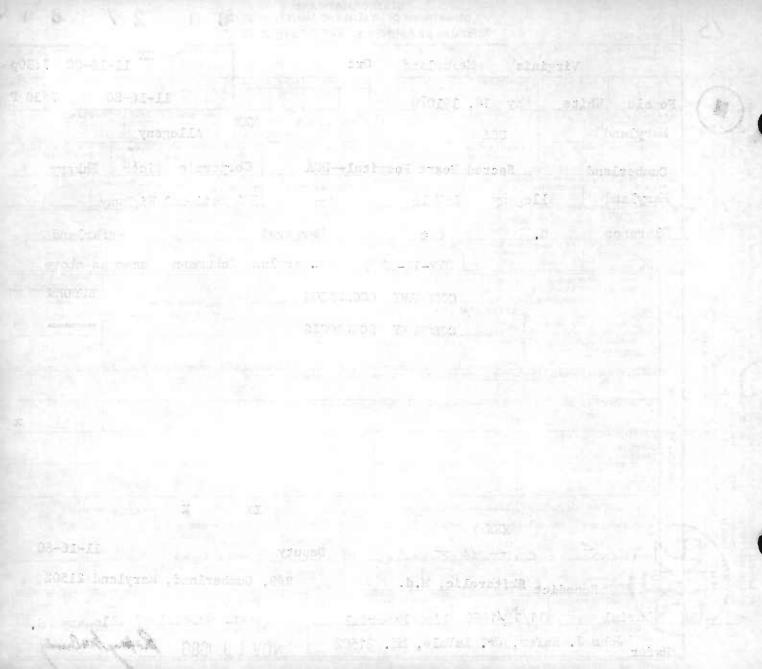
1-	FOR STATE REGISTRAR			DEPARTME DICAL EX	NT OF	HEALTH		ENTAL		(2)	REG	2 . NO.	7	1 8	3 2
	CEASED NAME E OR PRINT)	Patri	icia	Lee		Mu	rphy				KNOWN ESTI- MATED	XX MON	1-15		26. HOUR
3. SE)	male	White	5. DATE OF BIRTH MONTH DAY 11-5-1	930 YEAR	AGE (IN YEA LAST BIRTHDA	MONTH		HOURS	R 24 HRS.	PRONOUI DE AL	NCED	11-1	5-80	AY YEAR	2d. HOUF
	RTHPLACE (ST REIGN COUNTRY) Trelan		76. CITIZEN OF WE	AT COUNTRY	r?	8. MARRIE WIDOW	D NE	VER MAR		9. BALTIA		y or con egany		F DEATH	344
	TY OR TOWN Cumber 1	and	Memoria	1 Hosp	ital-	DO		TION	12a. US FOR HOT	JAL OCCU MOST OF WOO 1SeW1.	PATION	(TYPE OF WO	py 12b.	KIND OF B OR INDUS Home	USINESS TRY
13a. S	TATE St Vir	FIN NURSING OR OR STATE OF THE		13c. CITY OF			13d. INSIDE (ITY LIMITS?		EET ADDRI		ome			
14. F/	ATHER'S NAME FIRST	Unknown	WIDDLE	LAST			15. MOTH	ER'S MAII	DENNAMI		AIDDLE			LAST	
(Y	VAS DECEASED ES, NO, OR UNKNO KNOWN	DEVER IN U.S. ARM WN) (IF YES, GIVE W		166. SOCIAI 217-2			Dona		Mur	ohy,	ADDR		37,	Augu	ısta,
	gave ris couse (0) lying cous	is, if any, which e to immediate stating the <u>under</u> -	(b) DUE TO, OR	AS A CONSE	Hyper	tens:	Lve c	ardio	ovasc	ular		ase		Minut	-
IFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WH	ICH OPER	ATION W	AS PERFOR	RMED?					26	0. AUTOPSY	
CERT		CAUSE WAS OR	21b. TIME OF HOUR A.M.	INJURY MONTH DA	AY YEAR		W INJURY	OCCUR	RED (ENTER	NATURE OF IN	JURY IN ITEA	A 18 PART 1 O	R PART 2)	YES 🗌	NO 🛣
MEDICAL	21d. INJURY O WHILE AT WORK	CCHRRED	21e PLACE C	OF INJURY (ORY, FARM, ETC.)	AT HOME,	21f. LOC	ATION			CITY OR TO	WN		COUNTY		STATE
	22a. I certif death resulte ACTUAL SIGNATURE	y that I took charge d from: Natura Benea	Cea XXX	Accident [], Sui	Autops	Homi	SPECIFY)	MED	Inquiry.	onner _	SIC	TE 11	L-15-8	30
3a.B		NAME Bened	DATE	23c. NAA	AE OF CEM	NETERY OF		ORY	123d. LC	erlan					STATE
Sc	Cremati UNERAL DIRECT NAME haeffer		S. Shafi Home, ADDARE	er	dale WV 26		ral C			rtins			kele 's sign.		V



the tell-it arith stand . To. Johnson orleanest . ov.

CHUT 1989 FACTOR

			SIA	IE OF MAR	YLAND			7 1	0 4
1-	FOR STATE		ARTMENT OF				6	. / 1	0 4
	REGISTRAR		AL EXAMIN		TIFICATE O		REG. NO.		
	CEASED NAME FIRST	MID		LAST		2a. DATE OF	KNOWN XX	MONTH DAY YEA	
	Virg		arland	Ort			MATED	11-16-8,0	7:30F
I. SEX	4 RACE	S DATE OF BIRTH	6. AGE (IN YE.		TYR. IF UNDER	24 HRS. 2c. DATE	CED	MONTH DAY YE	20. 1100
	male White		100	RS.		DEAD	TT-T	19	7'30 F
FC	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT	OUNTRY?	8 MARRIED	NEVER MARRI	EDCK K	_	COUNTY OF DEATH	
	aryland	USA			DIVORC		llegany		MI
10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY,	L, NURSING HOME GIVE STREET ADDRESS)	, OR OTHER IN	STITUTION	120 USUAL OCCUP	ATION (TYPE OF	F WORK 12b. KIND OF OR INDU	BUSINESS
	umberland	Sacred H	eart Hosp	oital	DOA	Corpora	e Ofic	er Baker	У
13a. S	TATE 13b. COUN	JTY 13c	CITY OR TOWN		INSIDE CITY LIMITS?	13e. STREET ADDRE	SS		
		legany L	aVale	YE	S NO	382 Natio	nal Hi	ghway	
	ATHER'S NAME FIRST	MIDDLE	LAST	15	MOTHER'S MAIDE FIRST	NAME	DDLE	LAST	
C	larence (ì.	Ort		Margare	t		McFarlan	d
60. V		WAR OR DATES)	SOCIAL SECURIT		NFORMANT		ADDRESS		
	NO		212-12-82	89 M	rs.Maryla	and Schuma	nn sa	ame as abo	
	 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE 	D BY:						BETWEEN OF	NATE INTERVAL
		TE CAUSE (a)	CORONARY	OCCLUS	LON			SUDDI	EW
	Canditions, if any, which		CONSEQUENCE		0.70				
	gave rise to immediate cause (a) stating the under	(b)		SCLERC	SIS		_		
	lying cause last.	DUE TO, OR AS A	CONSEQUENCE	JF.				3-3-5	
	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T BELATED TO THE TERM	INAL DICEACE DR C	ONOTION CHANGE IN BA	AV 1	_		
N		CONTRIBUTION TO OLIM	THE TERM	IMAL DISEASE DE C	UNUITION GIVEN IN PAI	KI I (d).			
ATIC	19a. DATE OF OPERATION	19b. CONDITION	FOR WHICH OPER	ATION WAS P	ERFORMED?			20 AUTOP	SY?
IFIC								YES [
CERTIFICATION	210. EXTERNAL CAUSE WAS	21b. TIME OF INJU		21c. HOW I	NJURY OCCURRE	D (ENTER NATURE OF IN)	URY IN ITEM 18 PAR		3 110 📴
ALC	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M.	NTH DAY YEAR						
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF IN	JURY (ATHOME,	21f. LOCATI	ON				
\$	AT WORK AT WORK	STREET, FACTORY, F	ARM, ETC.)	STREET		CITY OR TO	VN	COUNTY	STATE
	220. I certify that I taak char	a of the remains describ-	d above hald	Autopsy]	. ▼ V	X and i	in an antition	
				icide	Hamicide .	Undetermined mo		in my opinion	
	Geam resulted fram: Note	ral causes was Acci	Delli L.J., 50		ITLE (SPECIFY)	Undetermined mo	nner		
	ACTUAL SIGNATURE BENE	of tolla	Takel	AA D	Deputy	MEDICAL EXAM	INTED	DATE 11-16	-80
		The same of the sa	14416					SIGNED	
6	EXAMINER'S NAME (TYPE OR PRINT) Benedic	. Akitareli	c, M.d.	ADD	RESS_R#9	, Cumberla	nd, Man	ryland 215	02
23a.B	URIAL, CREMATION, REMOVAL		23c. NAME OF CEA			23d. LOCATION		COUNTY	STATE
(3		11/19/1980	Zion Mem	orial			berland	Allegany	
24. FI	JNERAL DIRECTOR				25a. DATE F	REC'D. BY REGISTRA	R 25b. REGIS	RAR'S SIGN HURE	2208
Н	afer	fer, Jr. La	vale, Md.	21502	NO	IV 1 9 198	O A	They mebe	ody

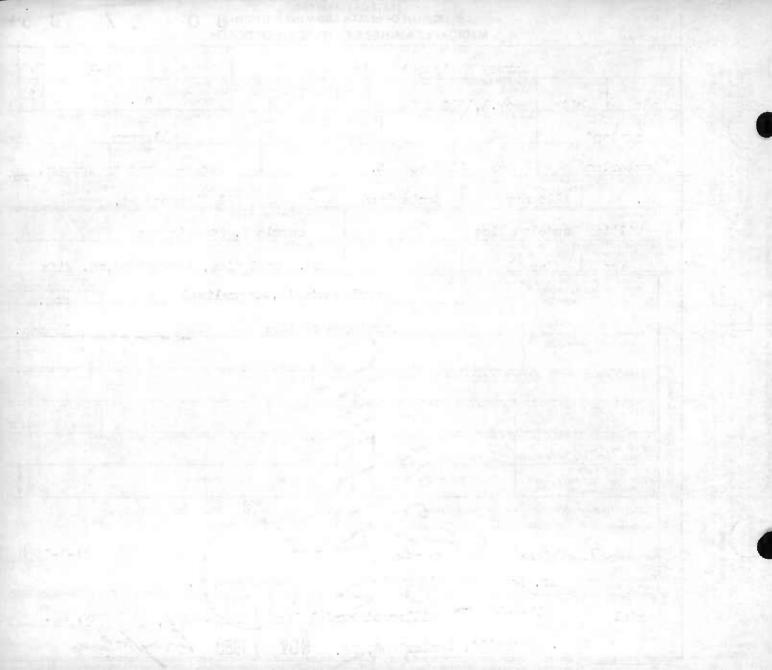


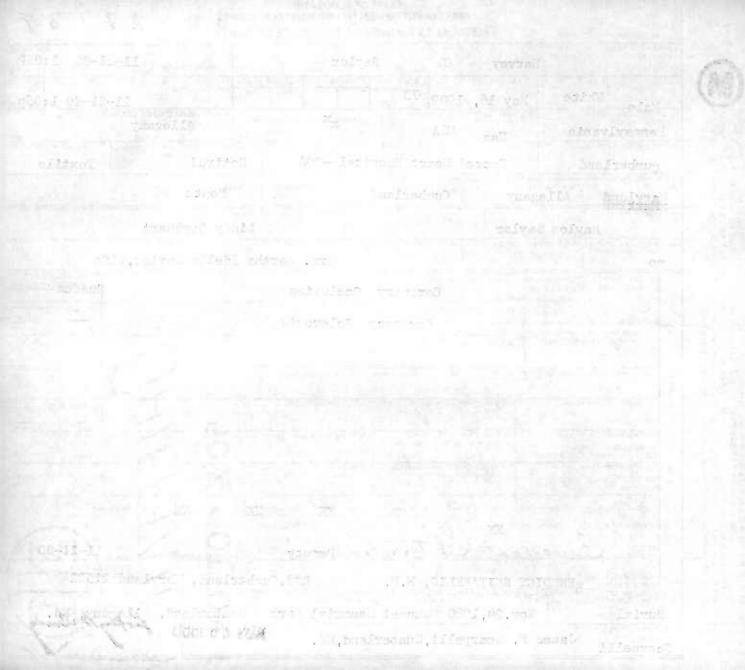
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE KNOWN X MONTH DAY (TYPE CEPRINT) OF ESTI-Nov. 5,80 Daisv L. Palmer 6. AGE IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE PRONOUNCED Mar. 15, 1899 81 YRS Female White 19 80 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DREIGH COUNTRYS W. Va. WIDOWED TY DIVORCED Allegany B. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12h KIND OF BUSINESS Cumberland Sacred Heart Hospital House Wife Own home JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 113h COUNTY 13c. CITY OR TOWN Allegany 202 Springdale St. Cumberland Md. NO [] 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST Unknown DeBarr Lucy Black 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 171-03-7452D Janet Koegel Cumberland. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY CORONARY OCCLUSION SUDDEN MAMEDIATE CAUSE (0)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which CORONARY SCLEROSTS gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) Fracture Right Hip 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 190 DATE OF OPERATION 2B. AUTOPSY? NO XIX YES -21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

3:45 PM 2219 80 UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH Fell at home 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED COUNTY Allegany STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE Springdale St. Cumberland MD At home TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21 Inspection X 22a. I certify that I took charge of the remains described above, held an Autopsy Accident X Suicide _____ Homicide Undetermined monner 1980 TITLE (SPECIFY) Deputy DATE NOV. 5, XAR EXAMINER'S NAME BENEDICT SKITARELIC, M.D. ADDRESS RT. #9, Cumberland, MD 21502 234 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE Cumberland Allegany MD Burial Nov. 5, 1980 Sunset Memorial P 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** William G. Kight Cumberland, MD (VR A15 ME (5)) 15M 7/76

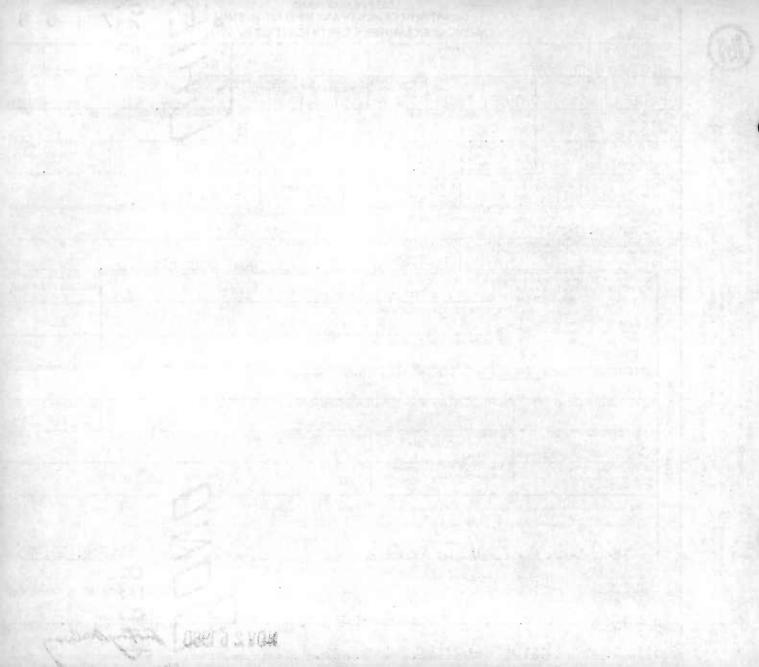
All on, e. re and a series of the series of ATT-11-11 and the New John Ambour and Chille The state of the s COURT OF A THE LINE OF THE SECOND PROPERTY OF are vinited in the second and the second second and the second se ol the categories, in

	FC			DEPARTMENT OF H	EALTH	AND MENTAL H	IYGIENIA ()	27	8 6
	- ST.	GISTRAR		DICAL EXAMINI			0 0	NO.	
1.		ASED NAME FIRST		MIDDLE	LA	AST	20. DATE KNOWN	TSI MONTH	DAY YEAR THE HOUSE
3.	(TYPE O	(PRINT)	Harvey	Vincent	Rice		OF ESTI- DEATH MATED	0 11	-1 19 80 3:28
3.	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEAR	IF UND		24 HRS. 2c. DATE	HINOM	DAY TEAM IN HOUSE
	Ma.		Nov.1.	1.0	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DATS HOURS	DEAD DEAD	Nov. 1	19 80 420 h
7	a. BIRTI	HPLACE (STATE OR GN COUNTRY)	76. CITIZEN OF WI	HAT COUNTRY?	MARRIEI	D NEVER MARRI	IED . 9. BALTIMORE CIT	Y OR COUNTY	OF DEATH
2		Maryland	USA		WIDOWE		6 hides	legany	ME
11		OR TOWN OF DEATH	(IF NOT IN SUCH FA	PITAL, NURSING HOME,	OR OTHER	RINSTITUTION	12a. USUAL OCCUPATION (FOR MOST OF WORKING LIFE)	TYPE OF WORK 12	7b. KIND OF BUSINESS OR INDUSTRY
		umberland	961	Glenwood St			Owner-Op	erator	Grocery
13	a. STA	ESIDENCE (IF IN NURSING HOME [E 13b. COU!	VTY	13c. CITY OR TOWN	1:	3d. INSIDE CITY LIMITS?	13e STREET ADDRESS		D COTE
1			egany	Cumberla		YES CK NO	961 Glenwood	od St.	
1	I. FATH	ER'S NAME	WIDDLE	LAST	1	5 MOTHER'S MAIDE	MIDDLE		LAST
4	22/2	William Rand				Carri 7. INFORMANT	e V. Hendricks		
1"	YES.	DECEASED EVER IN U.S. AF	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURITY	NO.		ADDRI		
=	_		ar II			Mrs. Noa	mi Rice, Cumbe	erland,	
	18	CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	nly ane cause per line D BY:		moi m	- malanda -		- 19	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	18	11 20 IMMEDIA	TE CAUSE (a)			oma cosis, g	generalized		mos.
	1	Canditians, if any, which		AS A CONSEQUENCE O		a C T			
		gave rise to immediate cause (a) stating the under		AS A CONSEQUENCE O		na of Lung	5		16 mos.
		lying cause last.	DUE TO, OR	AS A CONSEQUENCE O					
	P	RT 2 OTHER SIGNIFICANT CONDITION	(c)	BUT NOT BELLITED TO THE YEBSIL	AL DICEACE O	In COMPLETION CONT. IN DA			ļ.
		and a state of the	CONTRIBUTION TO GENTIL	BOT HOT KELATED TO THE TERMIN	AL VISEASE U	K CONDITION GIVEN IN PAI	KI I (0).		
7	CERTIFICATION	a. DATE OF OPERATION	19b. CONDIT	TION FOR WHICH OPERA	TION WAS	S PERFORMED?			20 AUTOPSY?
4	를		-						YES NO XX
5	21	. EXTERNAL CAUSE WAS	21b. TIME OF		21c. HOV	W INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART	
		NDERLYING OR ONTRIBUTING CAUSE OF		MONTH DAY YEAR	- 1				
	21	INJURY OCCURRED	21e PLACE C		21f. LOC/				
Т	Z N	HILE NOT WHILE I	3 STREET, FACT	ORT, PARM, ETC.)	STR	EET	CITY OR TOWN	COUN	STATE STATE
		22a I certify that I taak char	no of the semains dos	eribad about hald	Autapsy	D leasting	n A, Inquiry X,		
			ral causes X,	Accident Suic		Hamicide .	Undetermined manner	and in my apin	nan
		A Name of the state of the stat	rai cooses [22]		ide 🔲 ,	TITLE (SPECIFY)	Undetermined manner [_	٦,	
		GNATURE BENOR	iet de	Taxelia)	AA D	Deputy	MEDICAL EXAMINER	DATE SIGNED	11-1-1980
1							MEDICAL EXAMINER	SIGNED	
1		AMINER'S NAME DE	. Benedic	t Skitarelie	MD A	DDRESS Cumbe	erland, Md.		
23	a. BURI	AL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEM			23d. LOCATION	COUNTY	Y STATE
	Bi	rial	11-4-1980	Hillcres	st Bu	rial Park	Cumberland.	Allega	iny, Ild.
17 E (5))		RAL DIRECTOR	224900A C			25a. DATE R	REC'D. BY REGISTRAR 2. RE	EGISTRAP'S SIC	
)		James F.	ocarpelli	, Cumberland	. Md	. NOV	7 1980 44	MINCO	woody





						MARYLAND					
2 1	FOR - STATE					H AND MENTAL F	0	0	2 1	1 1 5	3 8
T	REGISTRAR DECEASED NAM	AE FIRST	ME	MIDDLE A	WINEK 2	CERTIFICATE C		REG. N		DAY YEAR	2b. HOUR
(1	TYPE OR PRINT)						OF	ESTI- H MATED	X .		
	K1CHARD	BELL SCO	5. DATE OF BIRTH	lé, AG	E (IN YEARS IF U	NDER 1 YR. LIF UNDER			MONTH	20 1980 DAY YEAR	5 pm
	Male	White	July 3,		YRS.		MIN PRONO	UNCED	00	1000	6 p M
_	BIRTHPLACE (STATE OR	76. CITIZEN OF W	HAT COUNTRY?	I a	RIED X NEVER MARR	- 9 BALT	WOV	OR COUNT	TY OF DEATH	D P M
	Mary lan		U.S.A.		WIDO	M-		aanu			MD
10	Marylan	OF DEATH	11. NAME OF HO	SPITAL, NURSING		HER INSTITUTION	12a. USUAL OCC	PATION (TO	YPE OF WORK	126 KIND OF BU OR INDUST	JSINESS IRY
1	Cumber1		523 Caro	line St.			Salesm			Drug Co	
130	STATE	E (IF IN NURSING HOME C 13b, COUN	TY	13c. CITY OR TO	NWC	13d. INSIDE CITY LIMITS?	13e. STREET ADD				
	Marylan	d Alleg	any	Cumber	land	YES X NO	1020 001	oline	St.		
	PATHER'S NAM	A. Scott	MIDDLE	LAST		15. MOTHER'S MAID		MIDDLE		LAST	
_		A. SCOLL ED EVER IN U.S. AR		16b. SOCIAL SI	ECURITY NO.	Molly Don	merrey	ADDRES	SS		
	(YES, NO. OR UNKN		WAR OR DATES)	214-07-		Mrs. Boyd	Wada Cu			4	
-		OF DEATH (Enter an	ly ane cause per lin			riis. buyu	naue, cu	inner Id	IIU . PIC	APPROXIMAT	TE INTERVAL
	PARTIC	EATH WAS CAUSE	D BY: TE CAUSE (a)		ARY OCCI	LISTON				SUDDE	
	4/1	DO IMMEDIA		R AS A CONSEQU						JODDE	.11
		ans, if any, which	(b)	CORONA	ARY SCLE	EROSIS					1
	cause (a) stating the <u>under</u> -		R AS A CONSEQU						_	1000
	lyniged	Jose last.	(c)								
2		SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEA	SE OR CONDITION GIVEN IN P	ART 1 (a).				
TIO	19a DATE C	OF OPERATION	TIPL COND	ITION FOR WHICH	HOPERATION	WAS PERFORMED?				I20. AUTOPSY	12
FICA	DATE C	A STERATION	170. COND	HOIATOK WHIC	OI EKATION	TENI ORMED:				YES 🗆	X ON
FPT	21a EXTERN	NAL CAUSE WAS	21b. TIME C			HOW INJURY OCCURRI	ED LENTER NATURE OF	INJURY IN ITEM 1	B PART 1 OR PAI		NO V.
AIC	UNDERLYIN	G OR	DEATH P.A	M. MONTH DAY	YEAR 10						
MEDICAL CEPTIFICATION	21d. INJURY	OCCURRED	21e. PLACE	OF INJURY (AT	17	OCATION	Apr	70		LILITY	CTATO
AA	WHILE AT WORK	NOT WHILE	STREET, FAC	CTORY, FARM, ETC.]		STREET	CITY OR	IOWN	COL	UNTY	STATE
	220.1 cer	tify that I took charg	ge of the remains de	escribed abave, he	ld on Auto	psy , Inspection	on X, Inqui	ry X	and in my ap	oinian	
	death resu			7 Accident .	Suicide [, Homicide .	Undetermined				
	1.1124	R	1	1	- /	TITLE (SPECIFY)					
1	SIGNATUS	Denec	uct A	clare	lie	M.D	MEDICAL EX	AMINER	SIGNE	Nov. 20	, 80
2	EXAMINER'	S NAME DENIED	ICT CUITA	DELTO		D	0 0 1	1		Otto See	
	-	S NAME BENED					9, Cumber		Maryl	and	
	(St'ECIFY)	ATION, REMOVAL				OR CREMATORY	23d. LOCATION		COUR		STATE
24.	Buria JIRE	ECTOR	ov. 23, 8	30 Davis	Memoria	al-Cem	Cumber 1	RAR Ob. RE	CASH TRANSPORT	STEED ATHER	
	NAME		ADDRES	is			WY 2 6 19	80	regary	Melro	7
L	milib R	Wendt 1	ZI Memor	ial Ave.	, Lumb	, MQ		76.2			



DEPARTMENT OF HEALTH AND MENTAL HYGIEN® FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN XX MONTH DAY DEATH MATED Nov. 9, 1980 S. Dorothy Seibert 6. AGE (IN YEARS | IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS. 4 RACE LAST BIRTHDAY) PRONOUNCED Dec. 27,1919 61yrs White Female Nov. 9 1980 A.M O BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED KINEVER MARRIED USA WIDOWED -DIVORCED Allegany O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS 215 S. Lee St. Cumberland Housewife Own Home JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 136. COUNTY Allegany Cumberland 215 S. Lee St. MD YES XX NO 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Albright Miksell James Carrie 7. INFORMANT 217-10-7236 Wm. R. Seibert, Jr. Cumberland, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY CARCINOMATOSSIS, GENERALIZED 6 months IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF anditions, if any, which CARCINOMA OF THE LEFT BREAST 2 years gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? Oct. 1978 Carcinoma of Left Breast YES 🗌 NO TO 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY LATHOME. 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM FTC.) CITY OR TOWN AT WORK AT WORK PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21. InspectionXX Autopsy 22a. I certify that I taak charge of the remains described above, held on and in my apinian Natural causes XX - Accident Suicide Hamicide Undetermined manner 1980 TITLE (SPECIFY) SIGNED NOV. Deputy MEDICAL EXAMINER EXAMINER'S NAME BENEDICT SKITARELIC, M.D. ADDRESS RT.# 9, Cumberland, MD 21502 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Nov. 12, 1980 Hillcrest Burial Pk Cumberland Allegany Md Burial 24. FUNERAL DIRECTOR **DHMH-17** William G. Kight Cumberland, Md. (VR A15 ME (5)) 15M 7/76

The man with the second of the same of the A STATE OF A STATE OF THE STATE The state of the s Little Control of the Control The state of the s The state of the same of the s THE STATE OF THE PARTY OF THE STATE OF THE S . Milyangelia, yanda diga sere daker yan waliking bili king yan sa delama Kanangan yang bili king bili king

		FOR STATE				MENT OF EXAMIN		AND M	ENTAL				2 7	1 9	0
RS II,	1. DE	REGISTRAR CEASED NAME E OR PRINT!	James	Frankl	MIDDLE	Shanho		LAST	CAIL	OF DEA	2a. DATE KN	ESTI- T	монтн 11-	25-80	26. HOUR 5 a _M
W. WITHIN 72 HOUS	3. SEX	ale	4. RACE White	5. DATE OF BIRTH MONTH DAY April 1				DER I YR.	IF UNDI	ER 24 HRS.	2c. DATE PRONOUNCI DEAD			-25 ₁₉ 80	2d. HOUR 7:8 _M
85	V	RTHPLACE (51) REIGN COUNTRY) Vest Vi	rginia	76. CITIZEN OF WI			WIDOW		DIVOR	RCED 🗆	9 BALTIMOI	egany		16.55	MD.
0	Cu	mberla	nd	II. NAME OF HOS	rede:	rick S	treet	ER INSTITU	NOITL	FOR /	MOST OF WORKING	G LIFE)		or indust	RY
35	130. S Ma	ryland	Alle	egany	13c. CITY	OR TOWN		YES -	NO [13e STR	1000]	Frede	rick	Street	
4		THER'S NAME FIRST ITA VAS DECEASE	DEVER IN U.S. ARA	MED FORCES?		anholt		15, MOTH	Lill	ian	MIDD	ADDRESS		lbright	
	(1)	Yes	WN) (IF YES, GIVE	war or DATES) If ane cause per line	23/	4-22-6				va M.	Shanho			Freder	,Md
		gave ris cause (a) lying cau	ns, if any, which the to immediate stating the <u>under-</u> se last.	(b)	AS A CON	ISEQUENCE	ronar OF				with So	leros	is		
PRIOR TO BURIAL, CREMATION, C	CERTIFICATION	Mark	ced myoca	rdial hyp	ertro	Phy:	Old RATION W.	left AS PERFOR	venti	ricula	er infa	retio	ns	20. AUTOPSY	? NO []
3	MEDICAL CER	UNDERLYING CONTRIBUTION 21d INJURY O	NG CAUSE OF D		MONTH OF INJURY		21f. LOC	OW INJURY	Y OCCURI	RED (ENTER)	CITY OR TOWN		RT I OR PART		STATE
10			y that I took charg	ge of the remains des	Accident		Autops	Homi	SPECIFY)		Inquiry are ermined mann	ier,	in my opin DATE SIGNED.		- 80
BALTIMORE, MARYLAND, 213	23e. 8l	EXAMINER'S (TYPE OR PRIN	NAME Bened	dict Skit		C, M.D				123d LC	Cation OCATION	rland	Mar	yland	21,502 TATE
	24. FI	Buri: UNERAL DIRECTOR NAME	TOR	Nov 28/80		set M 404 D	ecatu	r St	25a. DAT	Cun	mberla	nd A1 256. REGIS		y Mary	
/73	5.1	.LCOX-M	erritt Fi	meral Ser	vice	.Cumbe	rTand	,MQ					-		1

Lw 2 x - th-22 x noted today wavelending out to re indicate paralli burilla Dilling a deal growth of wall to the control of the tolor white the tell of the tolor or. Depositing the Comparing of the Conference of the Street of Conference of Conferen TOTAL CONTROL OF THE Williams, making the Library of the State of the àll, buelles de la control de control de la control de

DHMH-16 30M 2/B0 (VRA 15, 4)

	1-	FOR STATE REGISTRAR			DEP	PARTMENT	OF HEA	TH AND MENTAND		ENE 8	O REG. NO.	2	2 7	1	9	1
		CEASED NAME	FIRST		MIDDLE		LAST			20. DATE OF D	EATH M	ONTH	DAY	YEAR	26 HOU	JR
	(1176	E OR PRINTI	DGAR	WI	LLIAM		SMI'	TH		NOVE	MBER	21.	1980)	5:00	PM
	3 SE	Х	4.	RACE			ATE OF B			6. AGE (IN YEA	RS LAST BIRTH	DAY)	IF UNDER		IF UNDER	
		Male		White		06	et.	5, 1931	YEAR	49		YRS.	MONTHS	DAYS	HOURS	MIN.
35		RTHPLACE (STATE OR FO	PREIGN 76	USA	WHAT COUN	MA	ARRIED D	NEVER MARR	RIED L	9. BALTIMORI A	CITY OR					MD.
12	C	ity or fown of deat umberland		(IF NOT IN SUC	SACRED	HFAR	s) T HO!	THER INSTITUT	ION	120 USUAL OC (TYPE OF WORK FO Mec		WORKING L	IFE) IND	USTRY	F BUSINE	
35	130 S	d. A	36. COUNTY	1	13c. CITY OR		1 13d Y	I. INSIDE CITY LI ES 🔣 NO			odress Glenw	rood				
1				. Smit				MOTHER'S MA	JIA BA		MIDDLE			LAS'	т	
		VAS DECEASED EVER IT YES, NO OR UNKNOWN) YES	U.S. ARME (IF YES. GIVE W Kore	AR OR DATES)		SECURITY N		Mrs. Su			ADDRES	_	Md	W1	fe MATE INTER	
1	CERTIFICATION	Canditions, if any, gave rise to imme cause (a), stating underlying cause PART 2, OTHER SIGNI 190 DATE OF OPERATE	ediate the last. FICANT CO	DUE TO, O (c) NDITIONS CO		SEQUENCE (OF BUT NO	T RELATED TO 1		NAL DISEASE (SY?	20b. IF YE	S, WERE	FINDIN	IGS USE	D
4		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	RLYING	216. TIME O HOUR A.	M. MONTH	H DAY Y	EAR 21	c HOW INJURY	OCCURR		NO	Υ	FYING C ES PART 1 OR F		NO [
-	MEDICAL	21d. INJURY OCCURE WHILE AT WORK NOT WHILE AT WORK	D	21e. PLACE		OFFICE, FARM, ET	21	I. LOCATION STREET	<u>.</u>		CITY OR TOWN	7	COL	YINI	S	STATE
		220.1 certify that (1) (1) the deceased	alives	11/2	-)	19 80	_, and t	nat in my (aur)	apinian d		21 an the date	e and ha	ur and fr	am the		
		The STORAGE NAME OF THE ST	no '	72	ten	is	DEC	PHYS	NDING NICIAN	MEDICAL DIRECTOR			1	1/2.	10	
		THOM	AS F.	LEWIS	, M.D.			CL		AL HOSF LAND, M		MED:	ICAL 2150	BUI 2	ШIV	IG
	(BURIAL, CREMATION, R (SPECIFY) Burial		236. DATE 11-25-1	1980			emetery		Kenne	lls M			-		tate
		UNERAL DIRECTOR NAME CARPELLI FU	JNERAL		108 V.J CUMBER				DE C	L IJO		-	ym	ecs.	7	è

Test, 1.351. Micheller 1, 1252

en forenn 219-26-426; yen, me mith dimborden, i. 129-

Local Local Control of Control Control of Co

dlegany compenses to the contract the contract to the contract

Gran, woangas

	1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MEN		NE Ö Ü	NO.	la !	7
120		CEASED NAME	FIRST	WIDDE	E	l	AST	2	DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
- 3	(TYPE	OR PRINT)	HARRY	E			SMITH		NOVEMBER	30,	1980	5 4 4 5
	3. SE	K	4.	RACE		5. DATE C		100	AGE (IN YEARS LAST B	IRTHDAY)	MONTHS DAYS	IF UNDER 2
		Male	0.70	White		Non	7. 1, 189	9	81	YRS		AUURS
ام را		RTHPLACE (STATE	OR FOREIGN 76	CITIZEN OF WHA	AT COUNTRY?	8 AAA PDIE	NEVER MARI	PIED 9.	BALTIMORE CITY	OR COUN	TY OF DEATH	
35		Maryland		USA		WIDOWE			Allegany			
50		CUMBERLA		MEMOR'			R OTHER INSTITUT	TION 12	Retired C	OF WORKING		ilroa
1	13a. S	AL RESIDENCE (IF NOTATE Md.	13b. COUNTY Alleg	HER INSTITUTION GIVE	RESIDENCE BEFOR CITY OR TOV Cumber	/N	13d, INSIDE CITY L	LIMITS? 13	street address	sylva	nia Ave	
2)1	14. FA	THER'S NAME	ames Smi	th.	LAST		15 MOTHER'S MA	Wright	WIGDLE		LAS	51
medical		VAS DECEASED EV			SOCIAL SECI		17 INFORMANT		ADDI	RESS		
e l		res, no or unknown)		2	83-05-	4218	Mr. H.	Gene S	mith, Cre	sapto		
£,		18 CAUSE OF DE	ATH (Enter only	ane cause per line				100			APPROX BETWEEN	MATE INTER
ven		PART I. DEATH	MAS CAUSED E	/	-IVE	R	FAILL	175	THE LINE S.			
tic e		57/2	MARCHAIL					-				
umatic		Canditians, if a	and subjets	DUE TO, OR AS	ACONSEGU	PRILL	TIVE	JA	UNDI	7		
or to		gave rise to	immediate									
or other		underlying co	use last.	DUE TO, OR AS					LANG			
injury,	TION	IDI	OPAT	HIC	PUL	MON	ARY	FIR	ALDISEASE OR COI)		
shows ony	CERTIFICATION	190 DATE OF OPE				OPERATIO	N WAS PERFORME		YES NO	IN CERT	ES, WERE FINDIF TIFYING CAUSES YES [
0 0		21a. ACCIDENT WAS		11b. TIME OF IN HOUR A.M.		AY YEAR	21c. HOW INJURY	Y OCCURRED	ENTER NATURE OF INJ	URY IN ITEM 1	8 PART 1 OR PART ?}	
or Item	CAL	OR CONTRIBUTING [P.M.		19	Will be					
	MEDICAL	21d. INJURY OCC	URRED	21e PLACE OF I	NJURY	EARM ETC.)	21f. LOCATION		City OR I	OWN	COUNTY	S
N N	Σ	AT WORK AT	WHILE WORK	INT HOME SIREEL,	ACTORT, OFFICE,	ranm, EIC.)	1			1		
Ē) attended the de	ceased fram_	17	1/1/1	987)	, to	//30	1980	that LA (v
51.12		saw the dece	eased plive on	11 /-	30 19	800.00	d that (aur) opinion dec	oth accurred on the	dete and h	aur and from the	causes str
E		22b. SIGNATURE	e) (aid) (did not) v	riew the body afte	r deoth.		DEGREE		/	-	22c DATE	SIGNED
±	111		1-	- 11	aller	7	ATTE	NDING	MEDICAL ST.	AFF		
		22d PHYSICIAN'S	NAME (TYPE OR DE		· mun	/		MEMOI	DIRECTOR PHYS		BLDG.	
MPOKIAN		DR. A.S							D, MD.	2150		
-	23a. l	BURIAL, CREMATIO	N. REMOVAL	23b. DATE	23c	NAME OF C	EMETERY OR CREA		23d LOCATION			
		Burial		Dec.3,1			Memorial		Cumber	and.	Allegan	r. Ma st
	24. FI	UNERAL DIRECTOR							EC'R. BY REGISTRA	ALISH, REC	AND STAN	URE
		NERAL DIRECTOR	lames F.	Scarpel	11 ADDRESC	umber	and.Md.	7	EU4 190	-	1	1

250-261-7415 January 18 January 1 AND ASSESSED ASSESSED AND ASSESSED AND ASSESSED AND ASSESSED ASSESSED AND ASSESSED ASSES The state of the s

	1 -	FOR STATE REGISTRAR		DEPARTM	ENT OF H		RYLAND ND MENTAL OF DEATH	. HYGIE		O REG. NO.	2	7 1	9	3
ı	1. DEC	CEASED NAME FIRST	MIDE	DLE	L)	AST		12	a. DATE OF DE		TH DAY	YEAR	26 HOUR	?
	(I A D E	MAUDE	ELL	.EN	SM	ITH			NOVEME	BER 5	. 198	0	2:00P) M
	3. SEX		4. RACE		5. DATE O				. AGE (IN YEAR	S LAST BIRTHDA	Y) IF U	NDER I YEAR	IF UNDER 2	MIN.
	•	Female	White	2	May	9, 1	895 YEAR		85		YRS.	INS DATS	HOURS	MIN.
5		RTHPLACE (STATE OR FOREIGN COUNTRY) Penna.	16. CITIZEN OF WH	۸.	WIDOWE	DXX	VER MARRIED DIVORCED		BALTIMORE ALLEGA	_		DEATH		MD.
Z	C	umberland,		HEARTH	SPITA		INSTITUTION	1	20. USUAL OC TYPE OF WORK FO Seams t	R MOST OF WO		HOSP	ital,	SOR
I	130 S Ma			CUMBERLA		YES Y	DE CITY LIMIT		812 Wi	nifred	l Rd.		5	
1	14. FA	Ambrose	WIDDLE	Ricker			HER'S MAIDEN			AIDDLE			nors	
	16a V	VAS DECEASED EVER IN U.S. A YES MOOR UNKNOWN) (IF YES, C		6. SOCIAL SECUR 220-16-6		17. INFO		L. (Cranfor	d, 812	? Wini		Rd.	
	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION	(b)	S A CONSEQUE S A CONSEQUE TRIBUTING TO D NO DN FOR WHICH (NCE OF	1	Cort	TERMIN	AL DISEASE C	CC 200	DN GIVEN I	1 LE ERE FINDIN	NGS USED	1?
1	ERTIF	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF II	NJURY		[21c. HO	W INJURY OC	CURRE	YES N	E OF INJURY IN	YES [OR PART 21	NO 🗆	
1		OR CONTRIBUTING CAUSE OF D	EAIH	MONTH DA	Y YEAR									
1	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF	INJURY FACTORY, OFFICE, FA		21f. LOC	CATION	C	c	ITY OR TOWN		COUNTY	STA	ATE
		22a.1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did i	0	accosed from	W . on	d that in	(my) (our) opi	inion de	oth occurred o	in the date o	19.		that (I) (w	,
ì		22b. SIGNATURE	9 /	•	(DEGREE	ATTENDIN PHYSICIA	NG AN	MEDICAL DIRECTOR []	STAFF PHYSICIAN		22c. DATE	SIGNED	/su
		22d. PHYSICIAN'S NAME TYPE				22e ADI	DRESS					1	-	-
		RENATO ESPINA,							, CUMBE		, MD.	2150	2	
	(BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	11/8/80	Hi	ame of ci	st B	OR CREMATO	Park	23d. LOCATION Cumbe	rland,	, Alle	gany	Marg	Cand
G	GE	ORGE FUNERAL H	logne Georgi IOME, 202	greëne s	ST.CU	MBERL	AND, M	DATE F	V 1 9 1	15TRAR 256.	REGISTRAR	SSIGNAT	URE .	

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

Carting Court and Control Court and Control Court Cour green and the first of the second Agrando - Agrand Tar-la-stot me, (a-4 s. regions, 12 testeral-stot) Virtual or could be instead of the Asoro Mort Maller - NG 15--

Laster nivina but 0. .C. vun of the same to be a series of the color of All shear the second as the second the secon The Add To Standard of the Sta ments of the later of the court one of the court of the c Lake the second of the second AVI:0 DOOL . I THEY DELYA

DAGETIC: 130

CUMBERLAND MEMORIAL MOSPITAL

Carulado - Arrest

Fam advantage coronary artery disease years

Suronte Fulmonary Miseese

ce. c. overtou Himelmaicht

Company on the

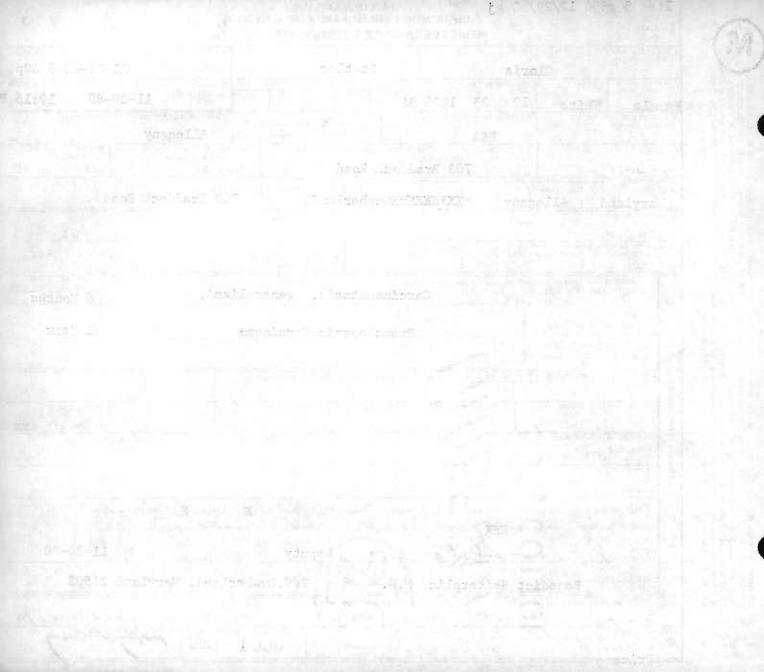
ens J. J. ens ()

nue forma não um

144 Alechiy exemis

DIMBELLYND, NO. 51205

I BAS I	I. DE	STATE REGISTRAR CEASED NAM	E FIRST	100		ICAL EX	KAMIN		RTIFICAT	E OF DE	20. DATE KNO	REG. NO.	MONTH DAY	YEAR 2b. H
	(TYP	E OR PRINT)	G1	oria				Stot1	.er		OF ES	STI-	11-20-8	0 9 30
	3. SEX		4 RACE	5. DATE OF	BIRTH DAY 23	YEAR 1926	AGE (IN YE.	(Y) MONTHS		NDER 24 HRS.	2c. DATE PRONOUNCED DEAD		-20-80 .	YEAR 2d. H
MERAL DRE MERAL DRE FOR YOUR WITHIN 72 -	To BI	RTHPLACE (SI	White MATE OR	76. CITIZEN	OF WHA		54 Y	B. MARRIE	NEVER M		9. BALTIMORI	E CITY OR C	COUNTY OF DE	
22 n 3 -		TY OR TOWN	OF DEATH		USA OF HOSPIT	TAL, NURS	ING HOME	OR OTHE	D DIV	ORCED 120. US	UAL OCCUPATI	gany ON STYPE OF	WORK 12b. KIND	OF BUSINES
AUSTRANI)	L	A VALE			70		addoc	c Road		FOR	LERK	LIFE)	DRU	NDUSTRY
AND 3 RETAIN HOULD	13a. S		(IF IN NURSING HOME O		1	13c. CITY O	RTOWN	Ti li	ad Inside City Limi	1757 13e. ST	REET ADDRESS 703 Brad	dock	Road	
PM PM	14. FA	THER'S NAME		MIDDLE		LAS			5. MOTHER'S M		E MIDDLE		LA	
2 2 2 4 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1	16a. W	AS DECEASED	DEVER IN U.S. ARA	AED FORCES	5?	166 SOCIA	DEN L SECURITY	NO. 1	7. INFORMANT		703	DDRESS	RADDOCK	AUF.
URS AFTER DE B. GIVE PAGE! WITH FORM PAGES 1 AN DIVISION OF	- ("	NO							ROBERT		LA	VALI		
MAT NE. LE.		18 CAUSE O PART I DE	F DEATH (Enter onl ATH WAS CAUSED	y one cause (BY: E CAUSE (o)				omatos	sis, ge	eneral:	ized,		BETWE	OXIMATE INTERVENIONSET AND D
ファベーンブ		162 Condition	, if ony, which			S A CONSE	QUENCE (loi e				
* Z X X Z Z Z		gave ri	se to immediate stating the <u>under-</u>	(b)	TO, OR AS	S A CONSE	Bron QUENCE (nic Caro	cinoma			1	Year
, O =		PART 2 OTHER SI	GNIFICANT CONDITIONS	(c)	O OEATH BUT	NOT RELATED	TO THE TERM	NAL OISEASE O	R CONDITION GIVEN	I IN PART 1 (a).				
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXE. RITING THE WORD "PENDING" ROED TO THE CHIEF MEDICAL R 3 SHOULD BE USED AS A 81 E 23 SHOULD BE USED AS A 91 E DEPARTMENT OF HEATTH AN PRIOR TO BURRAL, CREMATION	NOI										186	- 7		
TALRE CHIEF USED OF HE	FICAT	19a DATE OF	OPERATION	19b. C	ONDITIO	ON FOR WI	HICH OPER	ATION WA	S PERFORMED?					TOPSY?
CERTIFICATE SHO TING THE WORD E3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURIAL	MEDICAL CERTIFICATION	UNDERLYING	CAUSE WAS	HOL	TIME OF IN		AY YEAR	21c. HO	W INJURY OCC	URRED (ENTER	NATURE OF INJURY	IN ITEM 18 PART		s No.
SHOOP ARTIE	DICA	21d INJURY C	OCCURRED	21e F		INJURY		211. LOC						
- m74 w =	W	WHILE AT WORK	NOT WHILE C	STR	EET, FACTOR	Y, FARM, ETC.	115	STR	EET		CITY OR TOWN		COUNTY	\$1
ニューローニ		22a. I certif	ly that I taok charge	e of the remo	oins descri	bed obove	held on	Autopsy	, Insp	ection X,	Inquiry X	, ond in	n my opinion	
E, WE RWAI PAG STAT	1	death results	d from: Notur	ol couses	X A	ccident L	J, Sui	cide,	Hamicide L		termined manne	r,		
MINER: THIS FICATE, WE BE FORWAL CTOR: PAG H THE STAT AND, 21201			-		101	+	oe.	/ M.D	Deputy	,	DICAL EXAMINE		DATE 11=2 SIGNED	0-80
XAMINER: THIS ERTIFICATE, WE LD BE FORWAL NIRECTOR: PAG WITH THE STAT NRYLAND, 21201		ACTUAL SIGNATURE	Bened		Ske	ar				7472	DIGITE ENTANTING	K	SIGNED	
XAMINER: THIS ERTIFICATE, WE LD BE FORWAN NIRECTOR: PAG WITH THE STAT RRYLAND, 21201		ACTUAL SIGNATURE)	Bened	ict Sk	itar	elic,	M.D.	A	DDRESS R#9				and 2150	
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, WI PAGE A SHOULD BE FORWAL TO FUNERAL DIRECTOR: PAGAFTER DEATH, WITH THE STATIBALIMORE, MARYLAND, 21201	230. BU	ACTUAL SIGNATURE) EXAMINER'S (TYPE OR PRIF JRIAL, CREMA'	NAME Bened	36. DATE		23c. NA	ME OF CEA	AETERY OR	CREMATORY	, Cumbe	rland, 1	Maryla	and 2150	2 STATE
XAMINER: THIS ERTIFICATE, WE LD BE FORWAN NIRECTOR: PAG WITH THE STAT RRYLAND, 21201	(5	ACTUAL SIGNATURE) EXAMINER'S (TYPE OR PRII JRIAL, CREMA	NAME Bened			23c. NA	ME OF CEA		CREMATORY	, Cumbe	rland, I	Maryla	and 2150	2 STATE



		1.	FOR STATE			DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY	GIENE 8 C) 2	7 1	9	7
			REGISTRAR			MIDDLE		ICATE OF DEATH		G. NO.	DAY YEAR	Tours	
e e=			CEASED NAME OR PRINT)	FIRST	5.	sel	57	7.0.1	2a. DATE OF DEA	1	- 1212	2b. HOUR	
poor the desired the transfer to the transfer	8	3 SE	(ORF	RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS L	AST BIRTHDAY)	FUNDER I YEAR	IF UNDER 24	HRS.
4 de 4	6	0 02	Fml.		Ca	u	11	, DAY YEAR	87	YRS.	MONTHS DAYS	HOURS	MIN.
h. Po	70		RTHPLACE (STATE OR FOR	EIGN 76		WHAT COUN	TRY? 8	NEVER MARRIED	9. BALTIMORE CI	TY OR COUNT	Y OF DEATH		
deot hin 7.	10		Penna.		USA		WIDOWE		Allega				ME
s offer by the filled with	10		ty or town of DEATH amberland	4	URS INC			OR OTHER INSTITUTION UMBERLAND VT CENTER	Homemak	AOST OF WORKING LI	IFE) INDUSTRY	OF BUSINESS	S OR
24 hour filled in ould be f	25		TATE Penna.	Bed!	Y	GIVE RESIDENCE 13c. CITY OR Hynd	BEFORE ADMISSION)	136 INSIDE CITY LIMITS?	13e. STREET ADDR	tESS			U
F 74		ILFA	THER'S NAME	Dedi	LOIG	Tiyin	INCLI	15. MOTHER'S MAIDEN NA	ME				
mpletel ond 2	25	W	lliam	MI	DDLE	Pise	1	Elizabeth	Walfor	d.	(AS	ST	
5 0- /-	0	16a V	AS DECEASED EVER IN	U.S. ARM	ED FORCES?		SECURITY NO.	Cumberland			Home		
e execu n and c Pages medica	3	Í	ES, NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	190-4	4-8811	Williams a				nd, I	Md
d 0 % 9			18 CAUSE OF DEATH	Enter only	ane cause per	r line far (a), (l	b), and (c).)				APPROX BETWEEN	CIMATE INTERVA	ATH
physic npope moval			PART I. DEATH WAS	CAUSED	BY: CAUSE (o)		CVI	A			d	and	
nding carbo carbo			4310			DAS A CONS	SEQUENCE OF					0	
o e e e			Conditions, if any,	vhich	(b)_	A A A COINS	SE GOETACE OF						
he of motion r troi			gove rise to imme couse (a), stating	diote)	D AC A CONS	SEQUENCE OF				W LITT		
by the			underlying cause	last.	(c)	R AS A CONS	SEQUENCE OF						
equires the signed Then plear to burio injury, or		N	PART 2. OTHER SIGNIF	ICANT CC		ONTRIBUTING	OL CO	NOT RELATED TO THE TER	MINAL DISEASE OR	CONDITION GI	VEN IN PART 1	a1	
been mit. I prior	-	CERTIFICATION	190 DATE OF OPERATION	NC	19b. COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY	20b. 1F YE	S, WERE FIND	NGS USED	
ws he i	2	TIFIC							YES NO		IFYING CAUSES	NO [?
hysicio hysicio icote h ronsit Hygie 18 sho	^	CER	210. ACCIDENT WAS UNDER		21b. TIME C		. DAN MEAS	21c. HOW INJURY OCCUP	RED (ENTER NATURE	HILLRY IN ITEM IB	PART I OR PART 2)		
SICIAN ng phy certific priol-tri tentol h	4		OR CONTRIBUTING CAL			.M. MONTE	DAY YEAR						
HYSIN nding nis ce buris Duris or the		MEDICAL	214 INJURY OCCURRE		21e. PLACE	OF INJURY		211. LOCATION		ORTOWN	COUNTY	STA	TE
		W	WHILE NOT WHILE		(AT HOME, ST	REET, FACTORY, O	FFICE, FARM, ETC.)	STREET	CIII	ORTOWN	CA	314	
DING P or after the as the olthone morked		1	22a I certify that (I) (t	his hospito	l) attended th	he_deceased f	rom (5	19 80	to_U/	5	19	that (I) (we	e) lost
TEN TO OR:			sow the deceased	alive on _	WYY	100		nd that in (my) (our) opinion	death occurred on	the dote and ha	or and fram the	couses state	ed
hospite hospite iRECTO hed for ept. of ttem 21			abave, (I) (we) (dia 22b. SIGNATURE	(did not)	view the body	after death.		DEGREE			22c. DATE	SIGNER	_
F P P P P P P P P P P P P P P P P P P P			Bear n	0	Ta	lu	NI	7 O ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN	11/	5/00	0
OSPI on bed by he Signature State	1		22d. PHYSICIAN S NAM	AE (TYPE OF	PRINT	405		22e. ADDRESS	Selle	- Jack	aul	eila	8
TO HO TO Fe should with t	-	23a.	BURIAL, CREMATION, RE	MOVAL	23b. DATE		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION			Pa	
ВР			Burial		11/7	/80	Lybare	er Cemeter	y Buffal	o Mill	s RD#1	Be.	åf
		24 F	JNERAL DIRECTOR		1/ (/			25a. DA	TE REC'D. BY REGIS	TRAR 255 EGIS		-	
DHMH-16 30M 2/80 (VRA 15, 4)		H	arvey H.	Zeig	ler.	Hyndm	än, Pa	15545 NO	112 1980	profo	TRECO	andy .	
		_							1/1/1/1/1			-	

TO HE THE TANK The state of the s The National Control of the Control Telephone William Committee the Committee of the Committe A CORPORATION IN THE CASE OF STATE OF S

	1	DEC	REGISTRAR EASED NAME	FIRST		AIDDLE		CATE OF DEATH	REG. N	NO.	DAY YEAR	2b H
		(TYPE	OR PRINT)	OSIE	В		SWA	ANGER		4, 1	980	11:
	\	. SEX			4. RACE		5. DATE O	F BIRTH YEAR	6. AGE IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	
4	1		Female		Whit			y 14, 1902	78	YRS		
digne	1	C	THPLACE (STATE OR DUNTRY) Virginia		USA	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY		Y OF DEATH	
holyfied	5	C	UMBERLAI	ND	MEMOR	TAL HOS	PITA	ROTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Retired			
e Sie	6	100	t RESIDENCE (IF NUR FATE Bryland		other institution. vty Legany	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Cumber		13d INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e STREET ADDRESS	lm St		
exomine		ŧ. FA	THER'S NAME FIRST	Arthu	MIDDLE Ir Crous	e LAST		15. MOTHER'S MAIDEN NA FIRST Carri	ME e Mae Crous	е	17	AST
medical	1 1		AS DECEASED EVER		MED FORCES?	16h SOCIAL SECU	RITY NO.	17. INFORMANT	ADD			
e me	L		no	<u></u>				Mr. Vernon	R. Miller,	Cumbe:	rland,	
at o			underlying cousi									
aws any injury, ar ather	9	TIFICATION		BETT	=5 M	ELLITU	s;		AINAL DISEASE OR CON 200 AUTOPSY?	20b. IF YE	16919 S, WERE FIND IFYING CAUSE	INGS L S OF D
18 shaws any injury, ar		· I	PART 2 OTHER SIG	SET ATION	19b. CONDI	ELLI TU TION FOR WHICH	OPERATION	C.V.A. a	200 AUTOPSY? YES \(\text{NO} \)	20b. IF YE IN CERTI	ES CAUSE	INGS L S OF D
Ifem 18 shaws any injury, ar			PART 2 OTHER SIG	SET ATION IDERLYING C CAUSE OF DE.	19b. CONDI 19b. CONDI 21b. TIME OI HOUR A./	ECUTU TION FOR WHICH FINJURY M. MONTH DA M.	OPERATION	C.V.A. UNIVERSITY OF THE PROPERTY OF THE PROPE	200 AUTOPSY? YES \(\text{NO} \)	20b. IF YE IN CERTI	ES CAUSE	INGS L S OF D
frem 18 shaws any injury, ar		ZAIL CAIL	PART 2 OTHER SIG	JETON IDERLYING CAUSE OF DE, IICAL EXAMINES (RED	196. CONDI 216. TIME OI HOUR A./ P./ 216. PLACE C	ECUTU TION FOR WHICH FINJURY M. MONTH DA M.	OPERATION AY YEAR 19	C.V.A. in	200 AUTOPSY? YES \(\text{NO} \)	206. IF YE IN CERTI Y	ES CAUSE	INGS L S OF D
injury, ar			PART 2 OTHER SIG	DERLYING CAUSE OF DE LICAL EXAMINES	19b. CONDI 19b. CONDI 19b. CONDI 10th HOUR A./ P./ 21e. PLACE C. (AT HOME, STRI	FINJURY M. MONTH DA M. DFINJURY EET, FACTORY, OFFICE FA	OPERATION AY YEAR 19 ARM, ETC.)	WAS PERFORMED 21c. HOW INJURY OCCUR 211. LOCATION	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJ	20b. IF YE IN CERTI Y URY IN ITEM 18	PART I OR PART 2)	INGS U S OF D NO
If them 21 is marked or them 18 shows any injury, ar		MEDICAL	PART 2 OTHER SIG	DERLYING CAUSE OF DE-	19b. CONDI 19b. CONDI 19b. TIME OI HOUR A./ P./ 21e. PLACE C. (AT HOME, STRI	FINJURY M. MONTH DA M. DFINJURY EET, FACTORY, OFFICE FA	OPERATION Y YEAR 19 ARM, ETC.)	WAS PERFORMED 21c. HOW INJURY OCCUR 211 LOCATION STREET 4 that in (my) (aur) opinion EGSEE ATTENDING HYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJ	20b. IF YE IN CERTI Y URY IN ITEM 18	PART I OR PART 2)	INGS US S OF D
them 21 is marked or them 18 shaws any injury, ar		MEDICAL	PART 2 OTHER SIG	DERLYING CAUSE OF DELICAL EXAMINES	19b. CONDI 19b. CONDI 19b. TIME OI HOUR A./ P./ 21e. PLACE C. (AT HOME, STRI	FINJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE FA	OPERATION Y YEAR 19 ARM, ETC.)	WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET d that in (my) (aur) opinion EGREE ATTENDING HYSICIAN	200 AUTOPSY? YES NO NO NOTION	20b. IF YE IN CERTI Y URY IN ITEM 18 OWN	COUNTY 126. DATI	INGS L S OF D NO

.8 (21208 JATTERNE JATROMEN SMAJRENUS MEMORIAL MEDICAL SLDG -DR. AMADO P. TORRES

2		1-	FOR STATE					MENT OF	HEALTH		ENTALH		UU		2	7	2	0	0
-		1 05	REGISTRAR CEASED NAM	F FIRST		MEI	MIDDLE	EXAMIN	ER'S C	LAST	CATEC	F DEA		REG.					
	ASE OOR. IES. RS EET,		E OR PRINT)		Jo	seph	F.	Tayl	or	LASI			20. DATE K OF DEATH	ESTI-	□ 1	lov.		80	9a. м
	NY, PLEASE	3. SEX	fale	White	S. DATE	of BIRTH	1901	6 AGE (IN YEA	Y) MONT		IF UNDER HOURS		20 DATE PRONOUNO DEAD	CED 1	Nov.	H D.	19 8	BO	2d. HOUR 930
	NECESSAI FUNE S FO W. PR	7a B	RTHPLACE (STREIGH COUNTRY)	TATE OR			AT COUN		0		VER MARRI	IED	9. BALTIMO	llega	_	INTY O			MD.
	PAGE 3	10. CI	TY OR TOWN Cumber		11. NAM	E OF HOS TIN SUCH FAI MOTI	PITAL, NUI	RSING HOME PREET ADDRESS) Spital	, OR OTH	ER INSTITU	JTION	Lum	ALOCCUP.	ATION /	TYPE OF WO	RK 12b.	OR IND	USTRY	INESS
21201	AND 3 TO AND	USUA 13a S		(IF IN NURSING HOME (13b. COUN Alle	OR OTHER INS	TITUTION, GI	13c CITY	BEFORE ADMISSION OR TOWN		13d INSIDE O	CITY LIMITS?		EET ADDRES	55	mer S				
	PM 3	14. F/	ATHER'S NAME	rancis L	. Tay	lor		LAST		15. MOTH	ER'S MAIDE		Light	DOLE		4	LAST		
ALTIMOR	VE PAFTER	16a V	VAS DECEASEI ES, NO, OR UNKNO NO	D EVER IN U.S. AR.	MED FORCE WAR OR DATE	ES?	16b. SOC	TAL SECURITY	NO.	17. INFOR		arl N	. Tay	lor,		perl	and	,Wii	fe
N ST., B	N 24 HOURS INTEM 18. GF ALONG WITH PERMIT PAC PGIENE, DIVIS		18 CAUSE O PART I DE	F DEATH (Enter on ATH WAS CAUSE IMMEDIA	nly one cau D BY: ATE CAUSE		far (a), (b)		orona	ary Oc	cclusi	on				0	ETWEEN	MATE IN	ND DEATH
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD.	PENCIL IN XAMINER A AL-TRANSIT MENTAL HY REMOVAL		gave ri	ns, if ony, which se to immediate stating the <u>under-</u> use last.		(b)		Coro SEQUENCE O	nary	Scle	rosis								id gas
ORDS, 30	AND AND ON,	Z	PART 2 OTNER SI	GNIFICANT CONDITIONS			BUT NOT RELA	TEO TO THE TERM	NAL OISEASE	OR CONDITIO	IN GIVEN IN PA	RT 1 (a).							
ITAL REC	YATDAL-/	CERTIFICATION	19a. DATE OF				ION FOR V	WHICH OPER	ATION W	AS PERFOR	RMED?					20	D. AUTO		NO [*
ONOFV	FICATE VOILD B OULD B RIMENT		UNDERLYING	OR CAUSE OF	Н	D. TIME OF OUR A.M P.M.		DAY YEAR	21c. HC	OW INJURY	OCCURRE	D (ENTERN	ATURE OF INJU	IRY IN ITEM	18 PART 1 O	R PART 2)			
DIVIS	R: THIS CERTING PRINAGE TO SEWARDED TO SEWARDED TO SEWARDED TO STATE DEPARTMENT OF THE STATE DEPARTMEN	MEDICAL	21d. INJURY C WHILE AT WORK	NOT WHILE [OF INJURY ORY, FARM, ET			CATION			CITY OR TOW	/N		COUNTY			STATE
•	XAMINES ERTIFICA LD BE FC IRECTOR WITH THE (RYLAND)		22a. I certif death resulte ACTUAL SIGNATURE	Barres	ge of the re tral causes	-	Accident		Autop:	, Homi	Inspection cide SPECIFY) puty	Undete	Inquiry ermined mor	nner _	and in my			14-1	1980
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH BALTIMORE, MA	>	EXAMINER'S (TYPE OR PRIM	NAME Dr.	Bened	ict S	Skita	relic	MD	ADDRESS_	Cumb		nd, Mo		310				
	Bb E E E	(3	Burial		236. DATE 11-17	-1980		unset		rial I	Park	Cu	CATION or town mberla					STATI	E
	DHMH - 17 (VR A15 ME (5)) 15M 7/77	24. Ft	NAME Jam	ies F. Sc	arpel	1 Aporess	Cumbe	rland,	Md.		25a, DATE F	19	REGISTRAR 1980	25b. RE	GISTBAR		ATURE	dý	

Tev. D. 10 Tell To all distributions go I'on white a state of a total test from a mile and and and are well and and Anna Samuel Cla trace and your file The State of the S The state of the s the burners of the care and the

	1	FOR STATE REGISTRAR			DEPAR		FEALTH AND MENTAL HY	GIENE &	REG. NO.	2 / 2	201
(asi)		CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF D		DAY YEAR	2b. HOUR
e o th	(III)		ISAAC	LE	LAND	VAN	ORSDALE	NOVEMBI	ER 3,1980		4:42 Am
8.5	3. SE	X	9.0	4. RACE		5. DATE	OF BIRTH	6. AGE (IN YEA		IF UNDER I YEAR	R IF UNDER 24 HRS
ge 4		Male		White	e	Oct	6. 1911 YEAR	69	YRS.	MONTHS DAYS	HOURS MIN.
Pod phod	7a. B	IRTHPLACE (STA	TE OR FOREIGN		WHAT COUNTR	Y2 R	D NEVER MARRIED	0 BALTIMORE	CITY OR COUNT	Y OF DEATH	
of a 72			ginia	USA		WIDOW			EGANY COU	NTY	MD
with:	10 C	ITY OR TOWN O		11. NAME OF		SING HOME	OR OTHER INSTITUTION	12a USUAL OC	CUPATION	126. KIND	OF BUSINESS OR
of the soft	- 0	umberlar	nd		CRED HEA		PITAL	Retire	OR MOST OF WORKING LI		tracting
212 hour hour	USU	AL RESIDENCE (#		OR OTHER INSTITUTION	N, GIVE RESIDENCE BEF	ORE ADMISSION)				1 0011	CLac CITIE
ND 24	130.	Md.	13b COU	legany	Cumber.		13d INSIDE CITY LIMITS?	13e. STREET AD	8 Oldtown	Road	
rely 2 sh	14. F	ATHER'S NAME					15. MOTHER'S MAIDEN N	AME			
was and w		FIRST	thias	Vanorsda	ale		Nora No		WIDDLE	EA	AST
S - Co		WAS DECEASED E	EVER IN U.S. A	RMED FORCES?		CURITY NO.	17. INFORMANT		ADDRESS		
IMORE, or nord or pages 1	1	YES, NO OR UNKNOW	N) (IF YES, G	IVE WAR OR DATES)	1		Mrs. Franc	is Vanor	sdale. Cr	mherla	nd Wife
ALTI te borers.		18 CAUSE OF D	EATH (Enter o	inly one cours ne	er line for (a (b),	and (c)) =					XIMATE INTERVAL
fico ifico phys pop move rent,		PART I. DEA	TH WAS CAUS	ED BY	A	LAATA	140.00	and.	. 1	BETWEEN	ONSET AND DEATH
N SI ling rbor refreshices		14,00	IMMEDIA	TE CAUSE (a)		7000.	myve	or des	4	160	un
STO tend tend on, o		Conditions, if	many subjek	DUE TO	OR AS A CONSEC	DUENCE OF	Qual	cT.			
the of the or remover troops		gove rise to	immediate	(p)			AVAN	ULA -			
W. th		underlying		DUE TO, C	OR AS A CONSEC	DUENCE OF					
201 sed k pleo priod,		DADT 2 OTHER	SIGNIERCANIT	(c)	ONITRIBUTING	O DE ATH BUT	NOT RELATED TO THE TER	ALIDAN DICEACE C	22.60112.7621.61	WEST DID NOT 1	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours (free this certificate has been signed by the attending physician and completely filled in by as the buriot-transit permit. Then please remove corbon-popers. Pages 1 and 2 should be fill the and Mental Hygiene prior to buriot, cremation, or removal.	Z	FART 2 OTHER	SIGNIFICANT	Jun 1	ONTRIBUTING	O DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION GIV	VEN IN PART I	(0)
CO w re	CERTIFICATION	19a. DATE OF OF	PERATION	19b. COND	OITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOP	SY? 20b. IF YE	S, WERE FIND!	INGS USED
L RE lo no. hos per	F	STRUCK!						YES 🗆 N		FYING CAUSES	S OF DEATH?
VITA VITA VITA VITA VITA VITA VITA VITA	E	210. ACCIDENT WA	S UNDERLYING				21c. HOW INJURY OCCU			_	140
JOFV SICIAN By Physical Physic		OR CONTRIBUTING		.ein	.M. MONTH			(0)			
YSK ding s ce buris Men	MEDICAL	214 INJURY OC	CURRED		OF INJURY	19	211. LOCATION				
/ISIG	Me	WHILE N	OT WHILE	(AT HOME, ST	TREET FACTORY OFFIC	E. FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
DINO O O O O O O O O O O O O O O O O O O			AT WORK	to the control of the	1	10	17.9 6	1	17	St	
THE ST.			ceosed olive or		deceased from		nd that in (my) (our) apinion	death accurred	an the data and have	us and from the	that (I) (we) lost
R ATTI hospit IRECTC hed for ept. of tem 21		obove, (I) (v 22b. SIGNATURE	we) (did) (did n	ot) viewthr bod	atter death.	-0-	DEGREE	- deom occorred	in the dore and had		-
0 4 0 40		1/2	1			V.	ATTENDING	MEDICAL	STAFF	224 DATE	GNED C
RAL dep		221 211112		m		VU	PHYSICIAN	DIRECTOR	PHYSICIAN [111	12/8
DSP ed b dbe RTA		22d. PHYSICIAN	S NAME TIPE	OR PONT)			22e. ADDRESS				
TO HOSPITAL of retoined by the TO FUNERAL II should be detoined with the Stote E. IMPORTANT: If		RENATO	ESPINA.	M.D.			1907 SETON DE	RIVE, CUME	BERLAND, M	D 21502	
F 5 F 2 > 1	23a	BURIAL, CREMATI	ION, REMOVA				EMETERY OR CREMATORY	CITY OR		COUNTY	STATE
BP	_	Burial		11-5-	1980	Hiller	est Burial P.	ark C	umberland	. Alles	gany Md.
DHMH-16 30M 2/80	24 F	UNERAL DIRECTO)R		ADDRESS	MD.		ATE REC'D. BY REC	SISTRAR 256. RESO IST	TRAR'S SIGNA	TURE
(VRA 15, 4)	SC	ARPELLI	FUNERA	L HOME:			AVE. CUMB. NO	OV 7 19	30 may	my/ACL	recells

- Kente myrow had - to day myer dan-- in manufact 6 18 5/11 A P5/01 a come in SCHREELL PLACEAU NOTE: 106 VINGINIA AVE., CLAR.

1	- S	OR TATE EGISTRAR	м		ENT OF HEALTH	AND MENTAL HYG	EATL	Q. NO.	7 2	0	2
		EASED NAME FIRS		hryn	Wa	de	20 DATE KNOW OF ESTI DEATH MATE	AN TO MONTH	_	80°	26 HOUR 12:
	sex Fe	male Whit	e S. DATE OF BIRT	10	AGE (IN YEARS IF UN LAST BIRTHDAY) MONTH		IRS. 2c. DATE PRONOUNCED DEAD	11	18	801	24 HOUR
	FORE	THPLACE (STATE OR IGN COUNTRY) Maryland	75. CITIZEN OF	Α.	WIDOW		9. BALTIMORE C	TITY OR COUN	NTY OF DE	EATH	MD
]	Fr	ostburg	D.O.A.	FACILITY GIVE STREE		mm.Hospita	OR MOST OF WORKING LIFE HOUSE	owife	OR H	D OF BUS INDUSTR LOME	INESS Y
130	M		DILEGany	13c FITO	ore admission) R TOWN STOUT		ST450 Pros	st Ave	nue		
		James	MIDDLE		chell	is. Mother's Maiden N.	MIDDLE		Fil	er	
160	(YES	No	GIVE WAR OR DATES)	217-2		IT INFORMANT Bernard Wad	145 M de Frostl	ourg,		215	
		8. CAUSE OF DEATH (Enter PART I DEATH WAS CAI	USED BY: DIATE CAUSE (a)	(CARCINOM	ATOSIS Ger	neralized	Ŧ.	BETWE	ROXIMATE FEN ONSET	INTERVAL AND DEATH
		Canditions, if any, which gave rise to immed cause (a) stating the unitying cause last.	hich iate (b)	OR AS A CONSE	Carcinom	a of Right	Breast		2	yea:	rs
200		ART 2 OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEAT	H BUT NOT RELATED	TO THE TERMINAL OISEASE	OR CONDITION GIVEN IN PART 1 (a	1).				
CEPTIEICATION	ILLICALI	1978	Am	putation	on of ri	as PERFORMED? ght breast				JTOPSY?	NOX
		10 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE	OF DEATH P.	DF INJURY M. MONTH D M.	AY YEAR	OW INJURY OCCURRED 15h	NTER HATURE OF INJURY IN IT	IEM 18 PART I OR P	ART 2)	0	1
MEDICAL	WED	Id. INJURY OCCURRED WHILE DOT WHILE AT WORK AT WORK	21e. PLACE STREET, FA	OF INJURY (ICTORY, FARM, ETC.)		ATION	CITY OR TOWN	C	OUNTY		STATE
		22a. I certify that I taak cl		Accident L	held an Autops], Suicide	Hamicide Ur	Inquiry Indetermined manner	and in my c		8	
	E		Benedict	Skita	relic		rland, Mar			502	
	E	INAL CREMATION, REMOVA	11-21-		stburg	Mem.Park	d. LOCATION CITY OR TOWN	Alle	gany	Md	TE
24	S	wer's Fune	ral Home	ss 60 We	st Main burg.Md	St. 250. DATE	が変要が出	REGISTRANS	SIGNATO	MUL	7
								a marriagony and or just an	CONTRACTOR	Wire "	

e of the form of the state of t F = F = E cases that the categories francisco of given the efficient/VE deficient Tables by . Trigodinos . Bunk Dutena Treations

MPORTANT: If them 21 is morked or them 18 shows any injury, or other traumatic event, the medicobasem

STATE OF MARYLAND			-		-	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	0	2	7	2	
CERTIFICATE OF DEATH						

1	- STATE REGISTRAR			Del ANII	CERTIF	ICATE OF	DEATH	REG.	NO.		
	CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEATH	MONTH E	DAY YEAR	2b. HOUR
	ALB	ERT		CLAYTON	WA	LTERS		NOVEMBER	2.1980		11:05 #
3 SE	X		4. RACE		S. DATE C		YEAR	6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEA	
	Male		Whit	е	Oct		1914		66 YRS.	AUNTHS DATE	S HOURS MIN.
	IRTHPLACE (STATE OR	OREIGN	7b. CITIZEN OF	WHAT COUNTRY?	B.	n NEVE	MARRIED -	9. BALTIMORE CITY		OF DEATH	
	Penna		U.S.	Α.	WIDOWE		DIVORCED	ALLEGA	NY COUN	VTY	MD
10. C	ITY OR TOWN OF DEA	ATH	II. NAME OF	HOSPITAL, NURSIN	G HOME	OR OTHER IN	STITUTION	12a. USUAL OCCUPA		126. KIND	OF BUSINESS OR
C	umberland		SACR	ED HEART	HOSPI	TAL		Retired			ery Co
USU 13a	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION		ADMISSION)		CITY LIMITS?			Dan	ery co
	ryland	Alle		Corrigan			NO X	Box 198			
14. F/	ATHER'S NAME				-		R'S MAIDEN NA	ME	175		
	Harry		MIDDLE	Walters			Clara	MIDDLE			AST
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORA		ADD	RESS D		arks
(YES, NO OR UNKNOWN)		VII	217-01-	5721.	Mna	Evelyn	Walt-ma		x 198	
	18 CAUSE OF DEAT					III.S.	Everau	Walters	_(0)011	Pansy	DXIMATE INTERVAL IN ONSET AND DEATH
	PART I. DEATH W	AS CAUSE	BY:	1 Core	L	2.0	ine			BETWEE	N ONSET AND DEATH
	2	IMMEDIAT	E CAUSE (a)	000		aces					
	2051		DUE TO, O	R AS A CONSEQUE	NCFOF	to	1.	1 00.01			
	Conditions, if any, gove rise to imm	nediote	(b)_	120 M	A.	QC_	CF F	1	um		
	couse (a), statin underlying cause		DUE TO, O	R AS A CONSEQUE	NCE OF	M-	.0.00	. //	11		
Ø.			(c)	Care	ur	17	ers pe	anous ke	regu	4	
CERTIFICATION	PART 2 OTHER SIGN	NIFICANTO	ONDITIONS <u>C</u>	<u>ONTRIBUTING TO E</u>	EATH BUT	NOT RELATE	ED TO THE TERM	INAL DISEASE OR CO	NDITION GIVE	EN IN PART	1(0
CAT	19a. DATE OF OPERAT	ION	195. COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20g AUTOPSY?	206. IF YES	, WERE FIND	DINGS USED
TE								YES NO		S	ES OF DEATH?
CER	210. ACCIDENT WAS UNE		216. TIME C	FINJURY M. MONTH DA	Y YEAR	21c HOW	NJURY OCCUR	RED (ENTER NATURE OF IN	IURY IN ITEM 18 PA	ART I OR PART 2))
AL	OR CONTRIBUTING (THE STATE OF THE S	M. MONTH DA	19						
MEDICAL	21d. INJURY OCCURE		21e. PLACE	OF INJURY		211. LOCAT		CITY OR 1		COUNTY	
×	WHILE NOT WH	INLE	(AT HOME, ST	REET, FACTORY, OFFICE, FA	ARM ETC.)	STRE	ŧ!	CITY OR	OWN	COUNTY	STATE
	220.1 certify that (I)		ol) ottended th	e deceased from	10	- 7	10 P	1 10 []-	7	10 80	, that (I) (we) last
	sow the decease obove, (I) (we) (c	d olive on	11-	2 198	a or	nd that in (m	y) (our) opinian o	death occurred an the	dote and hour	ond from th	
	771 SIGNATURE	MOLLEGIO HOI	View the body	аперфеоти.		DEGREE				22c DAT	TE SIGNED
	()(1	1111	Valer.	0	71.0	ATTENDING -	MEDICAL ST.	AFF	11-	-J-70
	774 PHYSICHANTS NA	LME INTE OF	mb.	voltice.		17s ADDRS		DIRECTOR PHYS	ICIAN [1,,	
	TOUN NE A	ALTERALIA	IA M D			200 318 230					
22- 1	JOHN N. N			102	AME OF S	1909-B	SETON I	DRIVE, SUMBE	KLAND,	MD 21	502
	BURIAL, CREMATION,	KEMOVAL	23b. DATE					23d. LOCATION		COUNTY	STATE
74 F	Burial		Nov 5.				Gardens		llegan	y Mary	vland
	NAME					LAND, M	NO	REC'D. BY REGISTRA	K 756. REGISTE	CAR'S SIGNA	ATURE "
SI	LCOX-MERRI	IT FL	NERAL H	10ME; 404DE	CATO	STRE	ET. L''U	V 6 1980	gunga	- TRE	Para Carrier

DHMH-16 30M 2/80 (VRA 15, 4)

BP

Test Test 1991-10-1992 cm. wallen that there of the contract line and

burden mostle stoled amberd to mod des filled with friend

THE STREET THE STREET IN IT ADDRESS TO SELECT

ME TO THE PARTY OF THE YORK

Burdock vitzmiljer.

MIDDLE

FOR - STATE

REGISTRAR

DECEASED NAME

(TYPE OR PRINT)

BP.

DHMH - 16 50M 7/77

(VR A 15 (4))

24 FUNERAL DIRECTOR

NAMI

Vid

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH REG NO LAST 20 DATE OF DEATH 2h HOUR 80 WARD NOVEMBER 19 5:20P 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 VEAR IF THNIDER 24 MAS YEAR HOURS 97 **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Allegany DIVORCED [] 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife 13d INSIDE CITY LIMITS? 13e STREET ADDRESS NO TA IS MOTHER'S MAIDEN NAME MIDDLE King ADDRESS Garden. Endler APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK YES M NO T 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE , and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN HOSPITAL MEDICAL BUILDING MEMORIAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION TY OR TOWN W. Va Meadow Point eyser Minera ONE SEE PORGISTRAR SE RECESTO SE SIGNATURE

novement to so so	TTE ELL LARD	401
		6 0
	MENORIAL HOSPITAL	ONA JESSEED
	THE V	
AL HOSPITAL DEDICAL BUILDING	THOUSE MANTELIAR MANTA	gasan .ga

FOR - STATE

(TYPE OR PRINT)

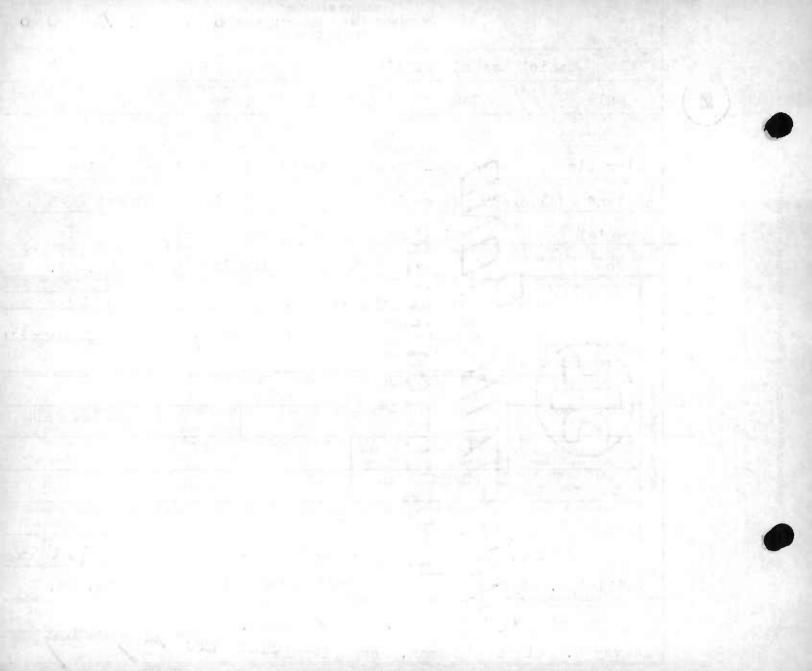
DHMH - 16 60M 1/75

(VRA 15(4))

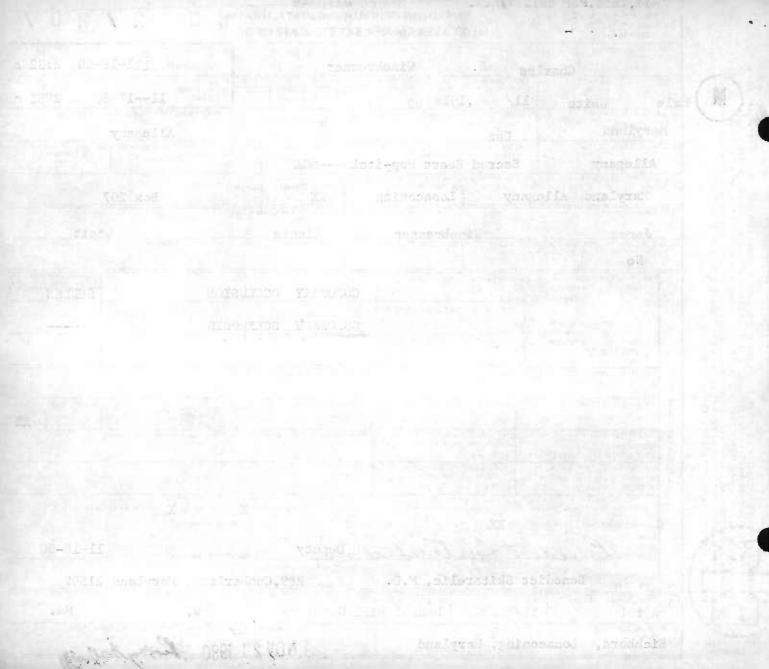
REGISTRAR DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH MIDDLE LAST 20 DATE OF DEATH 26 HOUR 30 80 Weaver IF UNDER I YEAR UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH Alleganv 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife INDUSTRY Runvan Dorothy J. Brown Alameda, Calif. APPROXIMATE INTERV IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE 80 , and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED STATE Va. 1980 Rosedale Funeral H REGISTRAR'S SIGNATURE REGIST Wendt 121 Memorial Ave., Cumb., Md.

TO WAR I CANAL TO THE STATE OF THE STATE OF The register of the 1824 &



	DEC	EASED NAME FIRST OR PRINT)	MEL	MIDDLE EXAM	INEK'S	CERTIFICATE (2a. DATE KN	REG. NO.	DAY YEAR	Zb. HOUR
1	11115	Char	E.	Win	ebren	ner	OF E	ATED 111-18	3-80. 2:	32 a,
3.	SEX	4 RACE	5. DATE OF BIRTH	6. AGE (YEARS IF UT	NDER 1 YR. IF UNDE	R 24 HRS. 2c DATE	HTMOM	DAY YEAR	2d. HOUR
2	1e	White		1912 68	YRS.	HS DAYS HOURS	MIN. PRONOUNCE DEAD	1118-8	30 10 2'	132 am
	BIR	THPLACE (STATE OR	76. CITIZEN OF WH		Te		9. BALTIMOI	RE CITY OR COUNT	_ ''	-111
	Ma	er country)	IIoo		WIDOV	IED NEVER MAR	CED O	Allegany		
10.		Y OR TOWN OF DEATH	Usa 11. NAME OF HOS	PITAL, NURSING HO	ME, OR OTH		12e. USUAL OCCUPAT	TION (TYPE OF WORK	12b. KIND OF BU	ISINESS
		Allegany	Sacred	Heart Hop	pital	DOA	FOR MOST OF WORKIN	G (IFE)	OR INDUST	RY
130	SUAL o. ST.	RESIDENCE (IF IN NURSING HOME OF ATE 13b COUN Alle	r other institution, giv ty egany	13c. CITY OR TOW Lonacon:	N	13d. INSIDE CITY LIMITS?		Box 207	7	
14	FAI	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIL	DEN NAME	(E	LAST	
		James		nebrenner		Minnie	Milot		cott	
160	q, W (YES	AS DECEASED EVER IN U.S. AR/ 5. NO. OR UNKNOWN) (IF YES, GIVE NO	MED FORCES?	166. SOCIAL SECU		17. INFORMANT		ADDRESS	<u> </u>	
		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	y one couse per line	for (a), (b), and (c).					APPROXIMATE BETWEEN ONSE	TAND DEATH
			E CAUSE (o)			DRONARY O	CCLUSION		SUDDEN	
		410	DUE TO, OR	AS A CONSEQUEN						
	-4	Conditions, if any, which gove rise to immediate	(b)		CC	DRONAR* S	CLEROSIS			1
		couse (a) stating the <u>under</u> - lying couse lost.	DUE TO, OR	as a consequen	CE OF					
140		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	UT NOT RELATED TO THE	ERMINAL OISEAS	E OR CONDITION GIVEN IN I	PART 1 (a).			
ATA	Ĭ ŀ	19a. DATE OF OPERATION	196 CONDIT	ION FOR WHICH C	PERATION W	AS PERFORMED?			20. AUTOPSY	2
1	IFIC								YES 🗆	NOXIX
	U	210 EXTERNAL CAUSE WAS	216. TIME OF HOUR A.M.	INJURY MONTH DAY Y	EAR 21c. H	OW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PAR		- Anel
	Ž .	CONTRIBUTING CAUSE OF E		19						
	UD	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY (AT HOM ORY, FARM, ETC.)		CATION	CITY OR TOWN	COUL	NTY	STATE
		22a. I certify that I took charg	e of the remains desc	ribed above held a	n Autop	sy , Inspecti	an Inquiry	y and in my opi	nion	
			al couses XX,	Accident .	Suicide	Homicide	Undetermined mann	**	enor!	
		A MOINT	4 . 0	Accident,	Joicide L	TITLE (SPECIFY)	Chaeterininea mann	er EJ,		
		ACTUAL SIGNATURE Sened	ut DK	retarel	cd N	Deputy	MEDICAL EXAMIN	DATE SIGNED	11-18-8	0
		EXAMINER'S NAMEBened	ct Skitar	elic, M.I		ADDRESS R#9,	Cumberland,	Maryland	21502	
23	a.BU	RIAL CREMATION, REMOVAL 2 ECIFYL UP1al	3b. DATE 11/21/80			Cemetery	23d. LOCATION CITY OR TOWN MOS COM,	COUN	Md st	ATE
24		NERAL DIRECTOR				25a. DATI	REC'D. BY REGISTRAR	256. REGISTRAR'S SH	GNATURE	
	E	ichhorn, Lonac	oning, Ma	yyland		NO	2 1 1980	100		
						The second secon	L. J. IAKI	Windowskill when I will be	N. P. Cale	





11950 11 1550 11950		TWIN	EDOAR		
	2001	w.X	D Mill		ofall
					ra mall
the military street		HOSPIT	IV THOUSING	Lew .	UMBERLATE
no movements IV	ZA1	18704	Tarier.	nn o Et	a hadgeel
	2.5	T. I.		. Cles	ngr
	Modernia na	0,10,1	211-10		015
			A TOTAL OF		

Tarini ACH septanisa innerni service.humborusno, ke antu se ali

DOET TO ACT TO A TANK TO A ALC: URSELL

Angle of the state of the factors in the state of the state of

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME (TYPE OR PRINT) Nettie Isner Winterstine DEATH MATED 11 - 17 - 804. RACE 6 AGE (IN YEARS IF UNDER 1 YR. 2d. HOUR IE LINDER 24 HRS 20. DATE PRONOUNCED 11-17-80 Female. White Feb. 15. 1905 75 DEAD 12:32p 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY)
West Virginia USA DIVORCED Allegany ID. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY Housewife Own Home Cumberland Memorial Hospital---DOA USUAL RESIDENCE (IF IN NURSE ADMISSION) SHOULD 30 STATE COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS Minera Rt. #1 Ridgeley NOX W. Va. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME OF VILA LAST Martin C. Isner Florence B. Day 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT DIVISION (YES, NO. OR UNKNOWN) CIEYES GIVE WAR OR DATES Mrs. Betty Means, Cumberland, Md. Daughter APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH
SUGGEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY Hemothorax; Hemoperitoneum DUE TO, OR AS A CONSEQUENCE OF Crushed Chest: Rupture of Liver & Spleen gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. (Highway Accident) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YESXX NO 3 SHOULD BE DEPARTMENT 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XXOR 0 CONTRIBUTING CAUSE OF DEATH : 00 Ptm. 11-17-800 Auto-truck accident 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) Rt.#40, 3 miles east of Cumberland, Maryland WHILE AT WORK XX STATE [Rt. #40 InspectionXXX DIRECTOR: FOR WITH THE ST AutapsXXXX 220. I certify that I taak charge of the remains described above, held an Hamicide / DATE 11-17-80 TO MEDICAL ES EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, Y BALTIMORE, MA MEDICAL EXAMINER R#9, Cumberland, Maryland 21502 EXAMINER'S NAMBenedict Skitarelic, M.D. ADDRES 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Restlawn Memorial Gardens La Vale, Allegany, Md. 11-20-1980 BP. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** James F. ADS Carpelli. Cumberland (VR A15 ME (5)) 15M 7/77

Community of the party of the community	on a state of the
	State of the state
onli - Transito I	yerni i mittat
STATE (MANUFACTURE)	